

**RESPONSIVENESS OF NURSING EDUCATION
PROGRAMMES AT LILITHA NURSING COLLEGE TO THE
NEEDS OF THE EASTERN CAPE POPULATION**

BY

Mbatha Adelia Nomawethu

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DECLARATION

I, **Adelicia Nomawethu Mbatha** I declare that this dissertation titled "Responsiveness of nursing education programmes at Lilitha Nursing College to the needs of the Eastern cape population is my own work. It has not been submitted before for any degree or examination in any other university. All the sources I have used or quoted have been indicated and acknowledged as complete references.

Signature 

Date 03 - 04 - 08

This dissertation has been read and approved for submission for assessment

Professor N.G. Mtshali  Date 07 / 04 / 2008

DEDICATION

**THIS WORK IS DEDICATED TO MY FAMILY, ESPECIALLY MY LATE
FATHER MR A. A. SONGQUSHWA WHO I KNOW, WOULD BE
GREATLY SUPPORTIVE DURING THE TIME OF STRUGGLING
DURING MY STUDY.**

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Abstract

Background: Reviewed literature revealed a number of responses to the calls to reform nursing education to respond to the priority health needs of the country. The 1997 National Health Care Policy served as the basis for the reforms in nursing education. Some of the nursing schools in South Africa embarked on a process of re-curriculating to community based, problem based education long before the tabling of the 1997 National Health Care Policy with the aim to respond to priority health needs. Literature however showed that no research has been conducted to explore the concept responsive education within the South African context, especially in nursing education and whether nursing programmes are responding to the needs of the South Africa population. Therefore the purpose of the study was to explore the concept responsive education and responsiveness of the Nursing Education Programmes at Lilitha College of Nursing to the health needs of the Eastern Cape population.

Research Methodology: A qualitative research approach with an ethnography design was used to guide the research process in this study. Purposive and convenient sampling was used to select the participants. The participants included policy makers from the Department of Health (Eastern Cape), lecturers and campus heads of Lilitha's three campuses (Umthatha, Port Elizabeth and East London), the professional nurses and the graduates at the primary health clinics, as well as the college principal. Initially, data collection and data analysis took place concurrently,

Findings: Responsive education in this study was characterized by relevance to the health needs of the community, responding to national policies, community involvement and participation, use of health priorities to update the curriculum and graduates who can provide quality care. Cultural themes that emerged under responsive nursing programmes included; the special nature of the curriculum used, the

innovative teaching strategies used, clinical learning sites which are congruent with the programme outcomes, the role played by all stakeholders in the programme, and assessment strategies used which are in line with the programme outcomes. A number of factors emerged as barriers to the production of responsive graduates. The findings in this study also revealed competencies of graduates from a responsive nursing programme, which included practical and transferable life skills.

Recommendations: These included reviewing of existing nursing programmes with the aim of ensuring that they respond to the health needs of the community, revisiting teaching strategies used, building capacity of lecturers in the area of innovative teaching and revisiting graduate competencies in nursing programmes to that they are in line with what the community demands.

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Introduction and Background to the Study

Society is demanding more social responsiveness and accountability from all academic institutions (Kamien, (1999) Boelen & Heck, 1995). This demand results from a number of concerns, which include irrelevance of education to the needs of the society, the isolation of education from the realities in the society, the academic institutions which are functioning independent of the society by not including society in education issues, forgetting that the consumers are the society (World Health Organization, 1993). The pressure on health institutions and academic health institutions is more marked as a result of the increasing cost of modern health care, largely due to advances in technology and the complexity of management (Hays, Stokes & Veitch, 2003). Society wants accessible and competent practitioners who are more knowledgeable about common problems than esoteric ones, as is the case with graduates who are products of hospital-based education (Kamien, 1999).

There is a need for enough health practitioners to serve the needs of special groups such as the elderly, the mentally ill, the deprived and the geographically isolated and to do so in the most cost-effective manner. In response to this demand, according to Hays et al. (2003), more health care is moving away from hospitals to the community and outpatient care, for example the management of patients with chronic illnesses, including mental illnesses and those patients who require renal dialysis. Hays et al. (2003) have also stated that inpatient beds are either converted to same-day service units or reserved for those who cannot return to the community. Population demographics are also changing as the population ages and the special needs of particular populations

are recognized. Furthermore, there is an ongoing transformation of health care systems worldwide, to a PHC approach, with the aim of ensuring that the health needs of the whole population are met. These changes are adding pressure on academic health institutions, because they have to align their curricula with these developments.

Literature on graduates from education programmes of health professionals reveals some concerns on the side of the graduates. For example, Stephenson, Richmond, Hinman & Christeanen (2002) reported that health practitioners themselves feel insecure about their ability to deal with workplace challenges, especially in under-resourced settings, due to inadequate preparation for such settings. According to Schmidt, Magzoud, Feleti, Nooman and Vluggen (2000) and Worley, Silagy, Prideaux, Newble and Jones (2000), poor preparation of health professionals for serving in under-resourced settings, such as remote rural settings, leads to the problem of high staff turnover and poor retention of staff in such settings. The work by Stephenson et al. (2002) also revealed that, though confident in their clinical and technical skills, health professionals often fault their education for inadequate preparation in their communication skills, knowledge of the health care industry, poor coping and management skills. In the view of these authors, health professionals lag behind changes in national health care delivery due to a lack of that academic curiosity to know about developments in their profession and lifelong learning skills to pursue what they do not know in order to keep up with the changes in the health care system. The health professionals' education lacks in preparing graduates for functioning in teams including multi-disciplinary realms. Efforts are reported, but the graduates feel that they lack in team work, leadership skills and group problem solving skills (Stephenson et al., 2002). According to Stephenson et al. (2002), barriers to change in health professionals'

education include inflexible curricula, rigid standards set by accrediting agencies/bodies and licensure requirements.

Murray (1995), reporting on medical education in Canada, stated that education institutions for health professionals face increasing pressure to become more socially responsive rather than being driven from within. According to Murray (1995), rather than addressing societal needs, the academic staff spend more time improving what they do and know best, how and where to use their energies and resources. Some of the staff members do not agree that it is their job to respond to the society's needs, and suggest that the schools can "avoid the problems presented by a disgruntled society and stingy government by obtaining private support and funding to pursue their usual activities and research" (p.1435). The findings in Murray's (1995) report indicated that the health institutions have a social obligation, but have been slow to accept it fully, to the social contract by which, in return for their service, they enjoy special rights and benefits. This contract requires education institutions to listen to the public, talk honestly and constructively with government representatives and assess the needs and expectations of the community. According to Murray (1995), Canadian schools have not done enough to ensure that their education is relevant and responsive to the needs of the Canadian society. The challenge is to move from the current paradigm, by which schools are driven from within, to a paradigm of social responsibility and social responsiveness. In response to the concern about the quality of medical education in Canada, Canada has reported that they are busy developing a social accountability model for medical schools (Canadian Medical Association, 2005), as an attempt to ensure that they produce graduates who are able to respond to the needs of the society.

Stephenson, et al. (2002) reviewed literature from 1996 to 2002 about reforms in the education of health professionals aimed at responding to the needs of the society. According to these authors, although some programmes have revised their mission statements and programme outcomes, few have set benchmarks and standards that all students must attain before graduation. In other institutions the changes are on paper but the institutions continue to be run in a traditional way.

A shift to education that is responsive to the needs of the society has been reported worldwide, in South Africa as well. The 1997 White Paper titled Transformation of Health Care in South Africa recommended community-based, problem-based, and competency-based educational programmes. Furthermore this White Paper stipulated that education programmes should be based on a Primary Health Care (PHC) philosophy, the philosophy which underpins the Health Care System in South Africa. The 1997 Department of Health White Paper further states that particular emphasis should be placed on training personnel for provision of effective primary health care who should be able to provide comprehensive, integrated, community-based health care delivery within a multi-disciplinary team ideology. The Department of Education, on the other hand, in 1997 introduced the concept of Service Learning, by which students learn experientially by providing service to communities while learning.

De Gruchy and Baldwin-Ragaven (1999), in the Health human rights project report, remarked on the quality of graduates produced by health professional institutions in South Africa. De Gruchy and Baldwin-Ragaven (1999) reported that health professionals in South Africa are taught within a biomedical model that is fundamentally curative. This teaching does not engage with structural causes of ill-health, but focuses primarily on biological causes and treatment. Questioning the quality of graduates,

these authors posed the question "How many nurses and doctors have resuscitated a baby with diarrhea, watched the baby improve slowly under their care and then discharged the baby back into the very same environment of poor sanitation and water supply that caused the illness, only for that baby to return within the month with another life threatening diarrhoeal episode" (p19). According to these authors, appropriately prepared health professionals should have an obligation to contribute in improving the health conditions in the community if they are leading to ill-health. These authors stated that too often health professionals become blunted to the relentless cycle of poverty and ill health, inured to social inequalities and injustices they encounter. Instead of addressing these issues, they are angered by the parents who repeatedly return their children to hospital; they blame the parents rather than use the opportunity to equip these parents and surrounding communities with skills that will make them self-reliant and self-determined. According to De Gruchy & Baldwin-Ragaven (1999), health professionals should stop viewing qualifying as a health professional as an apolitical activity. The report recommended that education and training institutions should adopt curricula that will facilitate the production of graduates who are competent to provide relevant care and respond to the health needs of the individuals at all the levels of care in a health system.

It is in this context that Mazaleni (2001), Director for Kellogg's Foundation, Eastern Cape at the time, who, whilst conducting in-service education for nurse educators and nursing service managers, remarked that the present nursing education curriculum has been criticized for its irrelevance to this country's needs, because it is curative and hospital-based, with a very strong medical approach, therefore producing nurses whose interests lie with the sick person.. This authority further asserted that newly qualified nurses are not prepared to function effectively and efficiently in a primary health care setting;

their curriculum gives the nurses a false picture of reality. Mazateni (2001) further indicated that there is a need for a paradigm shift to a new curriculum, which will use teaching approaches that are responsive to the needs of the community, like community-based education and problem-based learning.

Goqwana, the Member of the Executive Council (MEC for Health, Eastern Cape) in his policy speech in (2004), concerned about the responsiveness of nursing programmes to the needs of the Eastern Cape population, expressed that freedom and democracy, particularly in South Africa, are about carrying out constitutional obligations and ensuring that government programmes are directed at addressing the needs of the people, thereby changing their lives. Goqwana (2004) continued by stating that one of the obligations of the policy makers in the health field has been to engage in discussions and to come up with legislation that establishes a health service delivery system which is based on a primary health care philosophy that promotes equity, quality, access and customer-centered care. The major challenge facing Eastern Cape nursing education institutions is ensuring that the graduates who are produced are competent to respond to the health needs of the consumers.

According to Mekwa (2000), the South African Nursing Council (SANC) as a regulatory body of nursing also responded to the calls for a changing health system by mandating nurse education institutions to develop programmes that incorporate teaching and learning strategies which enhance the acquisition of core competencies and learning outcomes with particular focus on health care needs / problems of individuals, families and communities. In the 1999 discussion document, titled Education and Training of Professional Nurses in South Africa: Transforming Nursing Education, the SANC referred to community-based education as the key to the call for nurses who

could provide PHC effectively as required by the transforming health care system. This would then enhance the relevance of the education of health professionals, which is important for the transformation of the health care system.

1. 2 Rationale for the study

The researcher's experience as an educator of nurses and exposure to speeches by the higher authorities, which sometimes critique nursing education, have triggered the interest to explore whether nursing programmes are responding to the needs of the society. In 2000, the Directorate of Primary Health Care in the Eastern Cape (2001) raised some concerns about the quality of nurse graduates produced by the nursing colleges. The Directorate stated that senior professional nurses allocated to the clinics found it difficult to utilize the newly qualified nurses as they displayed inadequate competencies in dealing with health problems of local communities. They were not well prepared to serve in a health care system based on PHC philosophy. Such lack of competencies were adding a burden to the senior professional nurses who had to devote a lot of valuable time to teaching newly qualified professional nurses some of the things, such as the use of a PHC package in providing primary health care to patients or clients. To guard against this, nursing education programmes have to update their programmes regularly to ensure that current developments are incorporated. One may, however, in general argue against expecting nurse graduates to function independently immediately after graduation as most of the new graduates from other disciplines undergo some internship or work under the mentorship of their seniors until they are ready to function independently. Being a nurse educator who has been involved in the education and training of these graduates for some time, such comments made makes one wonder where the problem is because the colleges are under the impression that their

programmes are in line with the government policy (PHC policy) but the consumers, on the other hand, are dissatisfied with the nature of the graduates who are produced. The researcher therefore saw a need to explore what all stakeholders mean by responsive education, to come up with a common understanding of this concept and then establish whether nursing education programmes are responsive to the needs of the society or not.

1. 3 Problem statement

The literature that was consulted revealed that there have been responses to the calls to reform nursing education to respond to the priority needs of the country. Some nursing schools embarked on a process to adopt community-based, problem-based education long before the tabling of the 1997 National Health Care Policy. For example, as stated in Mtshali (2003; 2005), the School at the University of KwaZulu-Natal introduced Community Based Education (CBE) in 1994; according to Gwele and Uys (1996), the Witwatersrand School of Nursing changed to CBE in 1995; McInerney (1998) mentions the University of Orange Free State School of Nursing in this regard, Fitchard and du Rand (2000), Fitchard; Viljoen, Botma and du Rand (2000) indicate that the University of Transkei School of Nursing adopted a Problem Based Learning (PBL) / CBE curriculum in 1997 (Madalane (1997); Nazareth and Mfenyana (1999). According to Madalane, Frere Nursing College piloted CBE in 1997 and then adopted a new curriculum in 1998, (Mtshali, 2003). CBE is also reported in the University of Western Cape and Transkei College, which is now a campus of the Lilitha College of Nursing. The rationale for changing to CBE / PBL curricula that was put forward by these nursing education institutions was to ensure that the graduates who are produced are

responsive to the needs of the South African population and are also Primary Health Care oriented or competent.

According to Mtshali (2005), community based-problem based education is about a decade old in South Africa, but very few studies have been conducted in this area, both nationally and internationally. One of the studies, which was conducted in South Africa by Gwele et al. (2003) in the related area explored the outcomes of community oriented and a problem-based curriculum, but did not address whether the graduates who were produced are responsive to the needs of the South African population or not. Therefore, a study exploring the concept of responsive education and the responsiveness of the health professional's education or nursing education to the needs of the South African communities, was regarded as significant.

1. 4 The purpose of the study

The purpose of this study was to explore the concept responsive education and responsiveness to the health needs of the Eastern Cape population of the Nursing Education Programmes at the Lilitha College of Nursing

1. 5 Research Objectives

The objectives of this study were:

1. To explore the concept responsive education within the context of nursing education
2. To explore the responsiveness of nursing education programmes in the Eastern Cape College to the surrounding communities
3. To describe the factors which facilitate the production of responsive graduates

4. To describe the factors which hinder the production of responsive graduates

1. 6 Research Questions

The research questions were:

1. What is meant by responsive education within the nursing education context?
2. How responsive are nursing education programmes at the Eastern Cape College to the needs of the surrounding communities?
3. What facilitates the production of responsive graduates?
4. What hinders the production of responsive graduates?
5. What are the characteristics of a responsive graduate that is responsive to the needs of the society?
6. What are the distinguishing characteristics of a nursing education programme that is responsive to the needs of the society?

1.7 Definition of terms

The researcher has defined the terms which were important to the study as follows:

1.7. 1 Responsiveness.

Is defined as behaviour characterized by being able to meet or have met real needs, and to communicate or understand needs in a timely fashion (www.nexbridge.com/glossary.html). In the context of this study responsiveness means being developed to

attain competencies which make one to be able to render services which address people's needs and problems.

1.7. 2 Cultural themes

In the context of this study a cultural theme is information derived and interpreted from observing the behaviour of the participants. This is attainable by considering their interaction, use of language specific to their manner of teaching, learning and rendering health care services as well as their expressed lived daily experiences in the field of their activities

1.7. 3 Nursing Education Programme

Nursing Education Programme refers to a course of study of education and training approved in terms of Section 15(3) of the Nursing Act, 1978 (Act 50 of 1978) as amended, leading to the obtaining of a qualification which confers on the holder the right to registration as a nurse (general, psychiatric, community) and a midwife. In the context of this study the nursing education programme referred to is the one that is guided by SANC R425 of February 1985 as amended and which offers Community Based Education (CBE) Programme

1.7. 4 Need(s)

A need is a state of requiring supply or relief; it is where there is pressing occasion for something. In a state of a need, anything necessary has to be done. In the context of this study, it is a gap in the essential health care services required by the communities which can be fulfilled by those who have the expertise of rendering such services.

1.7. 5 Lillotha College of Nursing

This is the single Nursing College of the Eastern Cape which has a decentralized structure, constituting of five main campuses and thirteen satellite campuses scattered throughout the Eastern Cape

1.7. 6 The Eastern Cape

In the context of this study, the Eastern Cape is the part of the African continent which is situated on the southern eastern part of Africa. It is where the communities which are predominantly Xhosa-speaking reside on either side of the Kei River in the areas known as the Transkei and the Ciskei. Most of the population resides in rural areas.

1. 8 Conceptual Framework

The conceptual framework used in this study was adopted from Kamien's (1999) work on social responsiveness and accountability in education and from the WHO grid / framework developed by Boelen and Heck (1995). Major concepts in this study's conceptual framework are social responsive programme, socially responsive curriculum and socially responsive graduate. According to this framework, social responsive education results from socially responsive educational institutions which are running socially responsive programmes, using socially responsive curricula in order to produce socially responsive graduates. Boelen (2004) regards a socially responsive institution as an institution that perceives the needs of the society and reacts appropriately in its entire core functions (teaching, research and community engagement). Social responsiveness in an educational institution is measured in all the core functions of the school in terms of relevance, quality, equity and cost-effectiveness (Boelen, 2004).

Socially responsive programmes are driven by the priority health needs and have a PHC oriented focus.

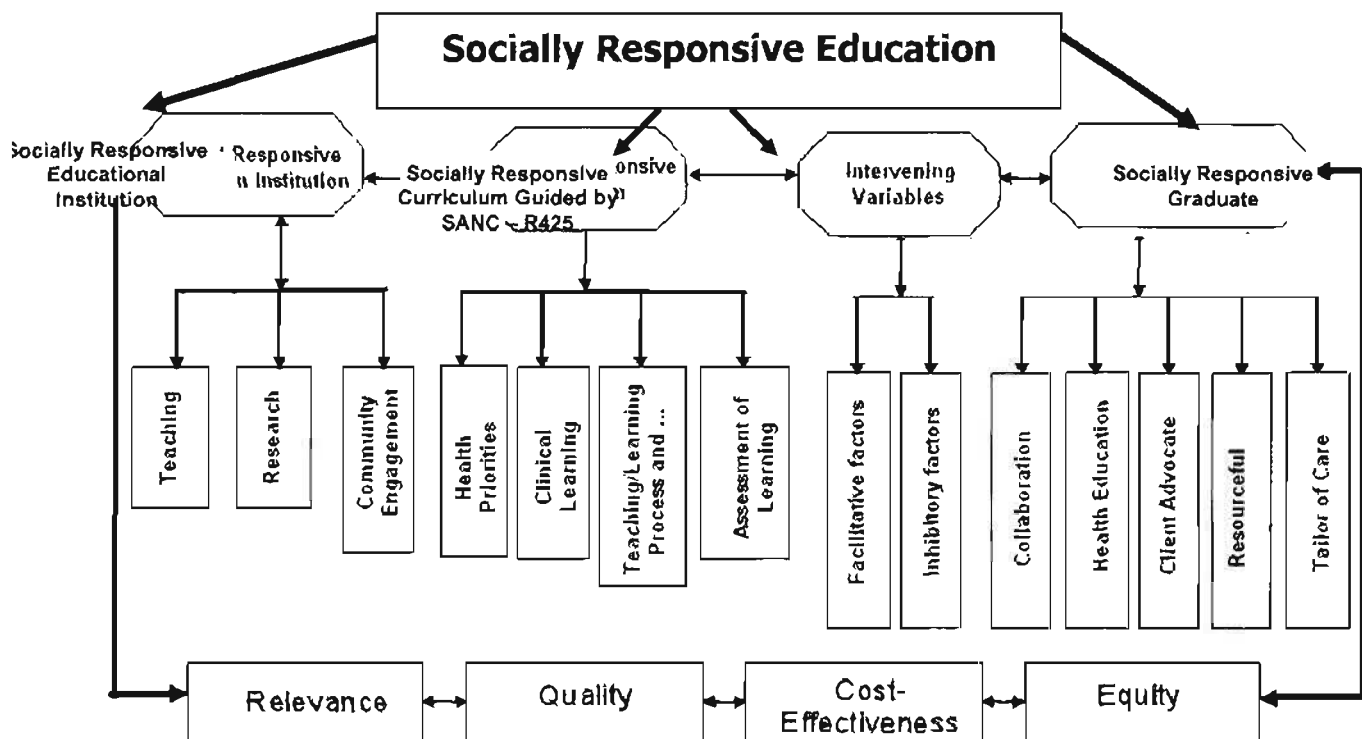


Figure 1: Conceptual Framework Adapted from Kamien (1999) and WHO's Social Responsiveness Grid developed by Boelen and Heck (1995)

A socially responsive curriculum is a curriculum that addresses the priority needs of the consumers, including the public and the health care system. The programme outcomes reflect the needs of the community with the curriculum content derived from it. A responsive curriculum puts more emphasis on primary health care and, in the South African context, should be based on a PHC philosophy. Examples of responsive curricula include community-based, problem-based, competency-based curricula. The nature of the clinical settings that are used facilitates the development of competencies required from a responsive graduate. These clinical settings should include primary, secondary and tertiary health care settings and exposure or placement of students to under-

resourced settings. The teaching / learning approaches that are used facilitate the development of competencies required from a responsive graduate, for example, problem-identification and -solving skills, analytical critical thinking skills, cultural sensitivity, teamwork, among other skills. These strategies should also motivate active learning, involvement of student dialogues, self-directed learning, in order to lead to the development of competencies such as self-reliance, leadership, lifelong learning skills, ability to use different interpersonal and practical skills to make decisions that would help the graduates to be responsive in their practice . Assessment of learning (both continuous and summative) should be in line with the programme outcomes, which are directed at producing a socially responsive graduate and assessment of learning should address priority health needs.

In the context of this study, a socially responsive graduate is a graduate that displays the following characteristics: (a) ability to collaborate his / her activities with other health care providers in responding to the needs and the problems of the society, (b) advocating for clients / patients where the focus is on supporting their access to health and other social services, (c) being a tailor of care, by engaging in dissemination of information regarding prevention and management of diseases and providing in-service education, and responding to the needs of the community, irrespective of prevailing barriers like scarce resources and poor working conditions, (d) being resourceful by capturing opportunities of participating in various community structures where helpful expertise and experience are shared with the community .

The WHO (1996) recommended four values underpinning socially responsive education. These values include relevance, quality, equity and cost-effectiveness. Relevance of the activities of the schools implies that the activities of the institutions or

activities in a programme address priority health needs of the surrounding communities. The care provided by the learners during their experiential learning is of high quality and is evidence-based, comprehensive and culturally sensitive. The learning activities in these programmes strive to contribute to equitable distribution of health care. Equity means striving to make quality health care available to all people, schools can assist by defining populations at risk through well-designed research, identifying methods of removing the barriers to accessing health care services and educating students in environments in which they are exposed to those in need. Equity may be achieved by placing students in under-resourced and under-developed community settings, so that they provide service while learning. Regarding cost-effectiveness, learners should be exposed to learning experiences that will prepare for providing care in a cost-effective manner. According to Boelen (2004), costing care and managing finances should be incorporated into the curriculum to equip graduates with such skills.

1. 9 Significance of the study

This study should inform the policy makers in the Eastern Cape about responsiveness of the graduates to the needs of the community as this is the concern of the policy makers, according to the White Paper (1997) on transformation of the Health System in South Africa. The information that is generated should also inform the policy makers about the implementation of the health policy and its effectiveness. In nursing education, the findings of this study should contribute to the revision of the nursing curriculum to be in line with the health care delivery system, by integrating the teaching strategies that develop the graduates to have competencies which would make them responsive to the needs of the people. The findings from this study should facilitate planning for further research on the gaps that may be identified. The body of

knowledge generated should also make a vital contribution to existing knowledge in this area.

1.10 Ethical considerations

The research proposal was presented to the ethics Committee of the KwaZulu-Natal University for evaluation and approval.(b) Permission to conduct the study was sought from various departmental authorities in the Eastern Cape Province, e.g. the Directorate for Quality Assurance, to ascertain whether the topic falls under the health priority areas of the Eastern Cape, Directorate for Primary Health Care, to facilitate access to the clinical areas, the Directorate for Nursing Education, to access the Nursing Education Institutions, which are the main campuses of the Eastern Cape College – Lilitha, like East London, Port Elizabeth and Umthatha. Permission to recruit the participants to partake in the study was also sought from by use of verbal and written consent, during which they were fully informed about the purpose of the study, its significance, their role and data collection strategies, in order to obtain informed consent. Participants too, were given an opportunity to make informed voluntary decisions to participate in the study as suggested in Polit & Hungler (1997). Participants were treated with respect and dignity throughout, protection from harm and keeping confidentiality regarding information collected from them was guaranteed. Code numbers were assigned to the participants to ensure anonymity. Participants were informed about their rights regarding participation e.g. withdrawing from the study if they so wished, as recommended in Polit and Hungler (1997).

1. 11 Dissemination of the findings

The researcher undertook to ensure that the institutions that participated in the study and the Department of Health receive copies of summaries of the study. The University of Fort Hare library would be given a copy as well. Furthermore, the researcher would present the findings of the study at the annual conference on research output on various health related issues held by the Department of Health of the Eastern Cape. The researcher's intentions also included publishing several papers on portions of the completed research project. These papers would be submitted to academic journals locally (Curationis) and the relevant journals of the University of Fort Hare.

1. 12 Conclusion

This chapter has presented the background to the study, which attempts to explore the responsiveness of nursing education programmes to the needs of the community by ensuring that graduates of the comprehensive four-year programme are exposed to responsive and primary care oriented programmes. It has covered a brief discussion on the current health care systems which have been introduced in various countries of the world and how these have impacted on education in the health professions, specifically nursing. It shared the calls for change in nursing education programmes so that they may be in line with the challenges of the new health system.

Literature Review

2.1 Introduction

The literature search for this study was undertaken to find out about the available relevant research studies in the area. This was done in an attempt to establish the background for conducting this study, and to identify gaps in the existing studies which might be useful in identifying needs for future studies within the context of this study. In the effort to seek information, the researcher was assisted by librarians at the University of KwaZulu-Natal and at the University of Fort Hare, who oriented the researcher to the systems for obtaining information electronically. The medical schools of KwaZulu-Natal University and of the former University of the Transkei, where academic journals of medicine were the main sources of information, were also utilized in the literature search. Articles which relate to the general system of education and the health professions were also obtained from the internet. In the process of reviewing literature; it became evident that there is paucity of literature of empirical nature related to responsive education.

The key words that were used for obtaining information were as follows:

(a) Responsive education, (b) responsive graduate, (c) relevant education, (d) Community Oriented Education (COE), (e) Community Based Education (CBE), (f)

competency education, (g) community needs, (h) Problem-Based Education, (i) Outcomes-Based Education (OBE), (j) Service/work-based learning.

Since the conducted study is ethnographic, the literature review was mainly undertaken quite early in the study with the purpose of gathering an understanding of the variables to be examined in the studied culture (Burns & Grove, 1997). The studied culture in this particular research was "responsiveness of nursing education programmes to the needs of the community of the Eastern Cape". The literature review continued during data analysis and interpretation of the findings so as to come up with a concise comparison of the findings of this study with the literature obtained from previous studies as suggested by Polit and Beck (2004)

This literature review describes theoretical perspectives regarding effective teaching and learning. These have been considered for discussion because, once learners have been put through an effective process of learning, they attain competencies that make them responsive to the needs of those who are consumers of their services. It also entails description of the findings of the studies that were conducted on related aspects which facilitate learners to have relevant characteristics /competencies for responding to the needs of the community. The literature also contains a significant body of information on viewpoints expressed on papers presented by various experts from the academic medical field worldwide. These papers were presented at an invitational conference titled "Improving the Social Responsiveness of Medical Schools", which was held between 12 and 14, March, 1998, in Barcelona. The conference was organized by the Educational Commission for Foreign Medical Graduates and World Health Organization (WHO). These viewpoints involved concepts like responsive education; responsive programme (curriculum); responsive graduates;

characteristics of responsive graduates, which were understood as being determined by competencies acquired by the learners during the process of learning; necessary forces that were essential for influencing a change in the educational system of health care professionals; necessary responses to review the education of health professionals so as to make it congruent with health needs of the contemporary societies; and factors that facilitated learning. The body of information referred to in this literature related closely with the purpose of this study, which aimed at exploring the responsiveness of nursing education programmes to the needs of the community.

This chapter therefore commences by presenting (a) theoretical underpinnings of socially responsive education and (b) curricular approaches viewed as responsive to the needs of the society. The later part of this chapter presents the (c) empirical literature on studies conducted on aspects that relate to responsive education, which involved in service learning, community-based learning and problem-based learning. The theories underpinning socially responsive education include social learning theory, humanism, constructivism, experiential learning, the curricular approaches that are viewed as responsive to the needs of the society, which include Product-, Process- and Outcomes-Based curricula.

2.2 Theoretical underpinnings of socially responsive education

2.2.1 Social learning theory

Social learning theory stresses the importance of observation and modeling. Processes that determine outcomes of observed behavior include attention, retention, motor reproduction, and motivation. For nursing education, the theory appropriately focuses on the social environment for learning (Bahn, 2001). According to Ormrod

(1999), social learning theory focuses on the learning that occurs within a social context. It considers that people learn from one another and includes such concepts as observational learning, imitation, and modeling. Principles underlying social learning theory include that (a) people can learn by observing the behavior of others and the outcomes of those behaviors; (b) Learning can occur without a change in behavior. Behaviorists say that learning has to be represented by a permanent change in behavior; in contrast social learning theorists say that, because people can learn through observation alone, their learning may not necessarily be shown in their performance. Learning may or may not result in a behavior change; (c) Cognition plays a role in learning. Awareness and expectations of future reinforcements or punishments can have a major effect on the behaviors that people exhibit; and (d) social learning theory can be considered a bridge or a transition between behaviorist learning theories and cognitive learning theories.

2. 2. 1. 1 Implications of social learning theory to nursing education

Social learning theory focuses on the learning that occurs within a social context. This means that nursing education programmes should expose learners to contexts that will inform learning. For example, the content covered in a community or problem-based programme emerges from the surrounding context. What is presented as problems in the social context is what is interrogated in class as part of the content.

Modeling, according to Bandura, one of the proponents of the social learning theory, provides an alternative to shaping for teaching new behaviors. Instead of using shaping, which is operant conditioning; modeling can provide a faster, more efficient

means for teaching new behavior. According to Mtshali (2003), the teacher in community-based education is regarded as a model, because the students learn from her/him how to interact with community members irrespective of class. The teaching methods used by the teacher where students play an active role and control their learning process, with the teacher forming part of the learning community, is another way of modeling to learners that people co-exist and one learns a lot from the people they interact with, irrespective of the levels given to them. This kind of socialization teaches the students to respect patients who are under their care and to give them an opportunity to be actively involved in their care and in decisions that are taken. Social learning theory emphasizes that teachers must model appropriate behaviors and take care that they do not model inappropriate behaviors.

According to the social learning theory, teachers should expose students to a variety of other models. This technique is especially important for breaking down traditional stereotypes. This is encouraged in the education of health professionals (WHO, 1993) where the students have to be exposed to a variety of learning settings, including community settings, and learn from the people in those settings. According to social learning theory, the academically prepared teacher is not the only teacher to teach but students can benefit by being exposed to other people who are well informed in their areas. In social learning theory, the students must believe that they are capable of accomplishing school tasks. Thus it is very important to develop a sense of self-efficacy for students. Teachers can promote such self-efficacy by having students receive confidence-building messages, watch others, be successful, and experience success on their own. Teachers can also use teaching methods that will encourage students to play an active role in their learning, assess themselves and work on improving the gaps in their knowledge or competencies. This approach boosts students'

confidence in them. Whilst encouraging learners to take charge of their learning, social learning theory advises that teachers should help students set realistic expectations for their academic accomplishments. In general, that means making sure that those expectations are not set too low, or too high, and the teachers realistically challenge their students. Social learning theorists believe that self-regulation techniques provide an effective method for improving student behavior. Therefore teaching methods such as the use of learning contracts where students regulate their learning according to their needs, at the pace that is in line with their learning style and ability are encouraged.

In conclusion, social learning theory places emphasis on learning that is context-based: role modeling of good behaviour to students; encouraging self-regulation in learning and self-efficacy; exposing students to a variety of models; and monitoring students that they set realistic and achievable goals. Learning that is context-based is crucial in responsive education as students should be prepared in an environment that resembles the one in which they are likely to practice after graduating.

2.2.2 Constructivism

According to Piaget (1973), within the constructivist theory, the basis of learning is discovery. Piaget states that, to understand is to discover, or reconstruct by rediscovery and such conditions must be complied with if, in the future, individuals who are capable of production and creativity and not simply repetition are to be formed. This means that learners learn through discovery or they reconstruct knowledge through rediscovery and that has an impact on their development as lifelong learners.

Farmer, Buckmaster and Le-Grand (1992) assert that knowledge in constructivism is created and made meaningful by the context in which it is acquired. For Dewey (1938), knowledge emerges only from situations in which learners have to draw it out of meaningful experiences. Knowledge emerges from being exposed to a meaningful learning experience, therefore learners learn best through exposure to experiences and from those experiences knowledge is constructed. Constructivists believe that knowledge should be context-based to ensure that is relevant and meaningful to the learners (Hein, 1991). Furthermore, learners engage in the process of constructing knowledge in class. Knowledge, according to the constructivist's theory, is a combination of prior learning matched against new information and readiness to learn; this theory opens up new perspectives, leading individuals to informed choices about what to accept and how to fit it into their existing schemata, as well as what to reject.

The teacher, who uses a constructivist approach, facilitates learning by encouraging active inquiry, guiding learners to question their tacit assumptions, and coaching them in the construction process. The teacher encourages learners to utilize their prior knowledge in order to make the present learning experience more meaningful. This approach to teaching contrasts with the behaviorist approach that has dominated education, in which the teacher disseminates selected knowledge, measures learners' passive reception of facts, and focuses on behavior control and task completion. A constructivist teacher is more interested in allowing learners to uncover meanings than in covering prescribed material or content.

Within the constructivist paradigm, according to Dimitrios (2007), the accent is on the learner rather than the teacher. Rather than having the teacher directing the learning process, the learner interacts with his or her environment and thus gains an

understanding of its features and characteristics. Hein (1991) is of the view that the student in constructivism is viewed as an individual who is active in constructing new knowledge and understanding, while the teacher is seen as a facilitator rather than a "dictator" of learning. In constructivism, the learners are given more latitude in becoming effective problem solvers, identifying and evaluating problems, as well as deciphering ways in which to transfer their learning to these problems (Dimitrios, 2007).

During the teaching-learning process the learner constructs his or her conceptualizations and finds his own solutions to problems, mastering autonomy and independence. Constructivism, unlike traditional theories, give learners more latitude in becoming effective problem solvers, identifying and evaluating problems, as well as deciphering ways in which to transfer their learning to these problems. The constructivist classroom presents the learner with opportunities to build on prior knowledge and understand how to construct new knowledge from authentic experience (Rogers, 1994). Furthermore, communities of learning are the best option for teaching in learning. Methods such as group work, group discussions, and group projects are promoted. Dewey (1938) made a statement in his book titled 'How we think', saying, "Only by wrestling with the conditions of the problem at hand, seeking and finding his own solution (not in isolation but in correspondence with the teacher and other pupils) does one learn" (1910). Learners, according to Dewey (1938), learn best when working in a group with the teacher and other learners, trying to solve or address a problem. Learning that is informed by information obtained from real life settings is promoted in constructivism to make learning more meaningful.

Constructivism uses process-based learning where the facilitator strives to develop the learners academically and in life skills (such as analytical and critical

thinking, problem-solving, teamwork, diversity management, communication skills, researching on issues, management of self, understanding the importance of the context and the use of technology – searching for resources in the process of solving or addressing problems during the learning process. Therefore, constructivism as a learning theory facilitates the achievement of the critical cross-field outcomes determined by the South African Qualifications Authority. The implications of this theory to nursing programmes is that they should be process-based not product-based, and they should produce graduates with the above-mentioned life skills. The teaching learning process should be characterized by active involvement of learners engaging in the process of constructing knowledge and utilizing that knowledge in addressing existing problems. The teacher's role should be that of a facilitator of learning and a resource person rather than a giver of information. The learners should be self-directed and develop lifelong learning skills. Their previous life and learning experiences should be used as a basis for learning for meaningful learning to take place.

2. 2. 3 Humanistic view of learning

Rogers (1983), in his extensive experience of observing clients learn through client-centered therapy, concluded that learning is essentially a helping process. This is reflected in the key features that form the basis of the humanistic approach to learning, which support education that is student-centered, where the teacher becomes the facilitator of learning. Knowles (1984); Rogers (1983); Joyce & Weil (1986) support the notion of student-centered learning by indicating that, since individuals have a natural drive to learn, learning can be maximized by using experience. These authors further indicated that self-evaluation encourages independence and creativity. By

encouraging learner participation, a relationship of mutual trust can promote the natural potential for growth and development (Rogers, 1967).

Humanists further highlight the fact that, as the learners go through the process of learning which facilitates deepest learning and best performance, they are exposed to intense anxiety-provoking experiences. They therefore need to be supported and guided throughout, so as to prevent a situation where the learning experience becomes intolerable to an extent of making learners unable to learn and the process thus becomes counterproductive (Hinchliff, 2004). It is in support of this idea that nursing education institutions have clinical facilitators and preceptors who ensure that learners are mentored during their clinical exposure. Such mentoring ensures supporting, guiding, motivating and encouraging learners to endure stresses and frustrations that may be evident during learning experiences. In the classroom situation, too, all the teachers have a prerogative of ensuring that the learning environment of learners is made conducive for effective learning. Learning occurs according to the interaction between the new information that the individual acquires and the specifically relevant structures which the learner already possesses (Ausubel, 1968). This interaction results in the assimilation and reincorporation of both new and existing information to form more detailed cognitive structure (Quinn, 2001). Nursing programmes that have adopted a humanistic approach believe in their students and therefore give them an opportunity to direct their learning. The process of learning is student-centered rather than teacher directed. Teaching methods such as learning contracts and reflective learning diaries are used, as these support not only the academic development of students, but also their professional and personal development. They cater for different learning styles of students, allowing them to prioritize their learning and learn what is important to their life.

Knowles's (1984) theory of adult learning supports a humanistic approach to teaching and learning. Knowles (1984), in the theory of adult learning, highlights the importance of mutual respect, collaboration, supportiveness, authenticity and the climate of humanness in learning. Emphasis on the importance of learner involvement in organizing the learning opportunity enables them to identify their needs and negotiate learning contracts in the light of the curriculum (Knowles, 1984). Such an action facilitates ownership of the process of learning by the students; hence they are envisaged to perform to their maximum ability to acquire the skills which are required in learning. Adult learning theory is highly relevant to professions like nursing, suggesting that teachers need to provide patient-centered learning which is individualized and appropriate to patients' and clients' needs (Reece & Walker, 2002). Nursing programmes subscribing to humanism therefore have to observe the adult learning principles

2.2.4 Experiential Learning

Experiential learning involves a theory stating that learning takes place through experience (Dewey, 1937). The students' learning is more meaningful if they are subjected to an experience to learn from. Experiential learning can apply to any kind of learning through experience. 'Experiential learning' is often used by providers of training or education to refer to a structured learning sequence which is guided by a cyclical model of experiential learning. This cyclical model, according to Kolb (1984), has four phases: (a) concrete experience, (b) reflective observation, (c) abstract conceptualization and (iv) active experimentation. Less contrived forms of experiential

learning (including accidental or unintentional learning) are usually described in more everyday language such as 'learning from experience' or 'learning through experience'.

Kolb's (1984) four-stage learning cycle shows how experience is translated through reflection into concepts, which in turn are used as guides for active experimentation and the choice of new experiences. The first stage, concrete experience is where the learner actively experiences an activity such as a laboratory session or field work/community settings. The second stage, reflective observation (RO), is when the learner consciously reflects on that experience. The third stage, abstract conceptualization is where the learner attempts to conceptualize a theory or model of what is observed. The fourth stage, active experimentation is where the learner is trying to plan how to test a model or theory or plan for a forthcoming experience.

Examples of programmes based on experiential learning are community-based learning programmes and problem-based learning, because the students are first exposed to a problematic situation, then they reflect on that situation. They engage in the process of critically analyzing the problem using available learning resources – researching the problem, and they come up with their own theoretical understanding of the problem, guided by the context of that problem. Later they learn to address the problem through implementing an intervention that they deem appropriate in that context (Mishali, 2003, in Uys & Gwele, 2005).

2. 2. 5 Social Reconstructionism Theory and Its Influence on Nursing Education

Social Reconstructionism involves a theory that believes in studying the society with the aim of exposing the inequalities and injustices among the institutions in that

society (Tanner & Tanner, 1995; Ornstein & Levine, 1997). Social constructivism views education as a practice of freedom or liberation where people are encouraged to challenge and change the world, not merely adapt uncritically to it (Ornstein & Levine, 1997). The purpose of education is to bring about social, political and economic changes in society. Furthermore, education facilitates cooperative and collaborative learning, which is important in successful teamwork (Freire, 1972).

Serpa and Serpa (2002) state that knowledge according to social reconstructivism is constructed, as learning is a constructivist process owned by the learner and facilitated by the teacher in interaction with the student. The teacher, therefore, does not transfer knowledge from his/her dominating position to the learner, but the learners, with the guidance of the teacher, construct it. The teacher forms part of the learning community. Freire (1972) asserted that the curriculum should facilitate the challenging of the status quo. The students should be socialized in such that they confront and question issues such as racism, sexism, exploitation of workers and other forms of oppression. The curriculum content, according to critical theory, is not predetermined, but emerges from the problems associated with the oppression of people in society. The teaching learning process is characterized by a dialogue amongst students and between students and teachers. The teacher facilitates the learning process and the students play an active role in their learning. Freire (1972) believed that learning does not take place without a dialogue. The learning process is also characterized by the self-directedness of learners; knowledge construction; allowing students to bring their wealth of previous knowledge to the learning settings; fostering curiosity; employing problem-posing methods of teaching; viewing students as incomplete beings that are in a process of becoming (Serpa & Serpa, 2002)

The implications of social reconstructivism to nursing education include that nursing education programmes are challenged to ensure that the students understand the social determinants of health and the influence they have on the health of individuals. The educational institutions are expected to move beyond understanding the social determinants of health; they need to critically engage with the factors influencing the health of individuals and raise consciousness of the society to these factors. The education programmes should produce nurses who will be able to care for clients who are politically, socially and economically disadvantaged (Maxwell, 1997). Nursing education that has critical theory as an underpinning theory strives to raise the consciousness of students and societies to issues of injustice and inequality and to how those factors influence the health of individuals. They do not favour a medical model, rather a health model as it considers all factors that influence the health of individuals. Authors such as Maxwell (1997) make reference to emancipatory nursing that provides direction for nurses to work with the oppressed in such a way that the social inequalities influencing health are identified, uncovered and/or confronted. Community-based education is one example of a programme that shares some characteristics with critical theory, as nursing education has an important role to play in educating nurses to be able to confront important issues related to social injustices and inequalities. Learning does not only take place within the four walls of the classroom, it also takes place in settings where students get exposed to issues related to social injustices and they learn to address such problems in partnership with communities. The classrooms are characterized by active learners who engage in dialogue, interrogating social issues impacting on the health of individuals and families. The teacher facilitates the learning process, rather than serving as the main provider of information.

2. 3 Curriculum Approaches: Product, Process and Competency-based curricula

2. 3. 1 The product-based curriculum approach

This curricular approach is based on essentialism, which is one of the conservative educational philosophies (Tanner & Tanner, 1995). The purpose of education according to essentialism is preservation and transmission of essential information from the past as essentialists believe that there is an essential body of academic knowledge, skills and character required in a given culture or discipline and that this consists of facts and principles (Cohen, 1999). Furthermore, education is an instrument required for the development of character required in a particular culture (Ornstein & Levine, 1997). Therefore education, according to essentialism, is aimed at developing learners who, upon graduation, will be in possession of basic skills, have knowledge of a variety of subjects and be ready to apply what they have learned in the real world (Elias & Merriam, 1995).

The curriculum, in a product-based approach that is based on essentialism, consists of a core body of essential knowledge and skills that must be mastered for the person to be considered 'educated' (Elias & Merriam, 1995). This curriculum is characterised by well-defined or compartmentalized subjects and essential skills to be learned, and each subject has to be dealt with in depth (Ornstein & Levine, 1997). The teachers decide on the subjects to be included in the curriculum, mainly because the teachers understand their intrinsic worthwhile-ness (not because of their relevance to the current context). There is a criticism, however, that, although the curriculum consists of essential knowledge and skills, in the era of knowledge explosion, this curriculum is overloaded with content. The strength of the product-based curriculum that is based on essentialism is that it incorporates what is regarded as essential content and skills,

guided by current developments in the society, thus making it relevant to the needs of the society. Furthermore, the curriculum is aimed at developing the character of the student, which is what is expected in the occupation that is regarded as a profession.

The teaching-learning process in this kind of a product-based approach is centred around the transmission and mastering of the academic subject matter and essential skills while building the character of the students. The teacher directs the learning process with the learners assimilating what is dictated by the teacher (Ornstein & Levine, 1997). A mix of teaching methods is used; those allowing for the teacher to give information to students and those encouraging a certain degree of student participation. The teacher uses regular assignments, work sheets, textbooks, homework, recitations and frequent tests (Bekker, Naicker & Oliver, 1976). According to Tanner and Tanner (1995), lectures are used as the main teaching method, together with memorization, regular citations or repetitions. The teaching strategies used are believed to facilitate the mastery of the required skills and subjects.

In conclusion, although a product-based approach to curricula is based on a conservative philosophy (essentialism), it does have a place in nursing education. Oermann (1991) contends that nursing as a profession is characterized by having its own body of specialized knowledge to which the students need to be exposed. Furthermore, nurses in the nursing profession have to adhere to certain norms and values (conduct) that characterize nursing. These values and norms have to be internalised and this, according to the essentialism, is ensured during the teaching-learning process. Nursing, according to Conway, in Oermann (1991), is of the view that professional education is designed to shape the values, attitudes, self-concept, and role behaviors of students, thereby enabling students to assume the new role of a professional practitioner.

According to Gwele (1996), a product-based approach does have a place in nursing education because of the regulatory body requirements for registering and licensing nurses to practice. The regulatory bodies prescribe what is regarded as essential knowledge and skills and expect all students to provide evidence that they have mastered all that is required before they are registered and licensed to practice. This means a core body of knowledge and skills is required to be transmitted to nurses. Secondly, nurses according to the regulatory bodies, have to conduct themselves in a professional manner. The values and norms expected from all nurses are instilled during the teaching-learning process. The character of nurses is developed during their socialization process to the nursing profession.

2. 3. 2 The process-based curriculum

This approach to the curriculum is student-centered. It encourages the students to take charge of their own learning whilst being assisted, guided and supported during the process of teaching/ learning. This is a kind of a learning approach which is grounded on Dewey's progressive education ideology, especially the experimentalist and/ or pragmatist approach. The outcome of the teaching/ learning process is to "teach the students to learn how to learn" and the process includes facilitation and development of life skills like critical thinking, problem solving and democratic citizenship. Its implementation can be effected through the use of the problem-based learning approach to teaching. It is the kind of an approach which prepares learners for operation in the real world.

2. 3. 3 The competency-based curricular approach

Competency-based education (CBE) is an example of an outcomes-based approach to education (Uys, 1998). It is a learning approach in which learning focuses on the mastery of knowledge, skills, attitudes and values (Sullivan, 1995). The CBE enables graduates to apply knowledge, understanding and skills when performing to the standard required in employment, and to provide care required by patients/clients safely and competently and so to assume the responsibilities and accountabilities necessary for public protection (Ovalle, 2000). CBE gives individuals opportunities to achieve qualifications that relate to required performance in the workplace and consistently satisfies the employer's needs for a skilled workforce. Exposure to this approach of learning enhances the development of confidence, efficiency and effectiveness of the performance of a practitioner in the clinical area (Sullivan, 1995)

2. 4 Empirical literature review

An intensive literature search was undertaken by the researcher in order to find studies on the responsiveness of the nursing education programmes to the needs of the community. However, the literature search of the available literature produced no studies that directly addressed that aspect. The researcher therefore resorted to looking for studies on related aspects regarding the topic under study. The studies that were selected dealt with educational approaches which facilitate responsive education and these included (1) Service-based learning, (2) Community-Based Education and (3) Problem-Based Learning. These teaching strategies were widely regarded as providing

the graduates with characteristics or competencies that enable them to address the health problems and the needs of the people.

2. 4. 1 Service-based learning

An elaborate definition given by Good Practice in Work Based Learning: Glasgow Caledonian University (2000, p.5) refers to service-/ work-based learning as a sub-set of workplace learning, which pertains specifically to the achievement of planned learning outcomes derived from the experiences of performing a work role or function. It is a normal practice to complement experiential learning with directed reading, research or group work to ensure that learning is placed in the context of current theory or practice. The definition unfolds a number of elements which are regarded as indicators of this learning approach in order to provide learning which is relevant to the world of practice. These include the work role as the focus of learning, a need for a formal structured approach to planning learning outcomes, a need to base service learning within the context of the current theory and practice, as well as involvement of partners in supporting the work-based learners at work and in the higher education institution. Bout and Knowles (2001), quoted in Clarke and Copeland (2003), indicated that service-/ work-based learning bears much commonality with approaches used in adult learning, which include experiential learning and problem-based learning. It is a process of learning comprising structured learning opportunities which are focused on the work role of the individual within the organization (Clarke & Copeland, 2003).

Clarke and Copeland (2003) conducted a study which sought to examine the impact of service-based modules and the recent development of service-based learning. Service-based learning was indicated by these authors as one of several ways in which higher education and health care providers could develop effective partnerships with multidisciplinary health teams and members of the community. These authors also indicated that service-based learning offers opportunities aimed at ensuring that health professionals had the knowledge and skills to make a sustained contribution to developing practice at work, and not simply in theory. The information analyzed in their study was drawn from the experiences of one of the authors. The findings of the study concerned the competencies that were acquired when comparing this approach to learning with the traditional method of learning. According to the results of this study, it was revealed that the traditional programme ensured acquisition of a knowledge base and enhanced development of skills to care for the patients, but did not impact in the same way as did service-based learning on the development of clinical competencies. The traditional method of teaching also did not provide an opportunity for the learners to influence the programme content. Service-based teaching, on the other hand, encouraged learners to be more active in the learning process, it motivated learners to negotiate, set and take responsibility for their goals regarding issues they considered as important for the patients and the service (Clarke & Copeland, 2003). Independence in learning coupled with the opportunity to work on relevant practice issues and support given by peers, and the unit personnel were found to be very useful learning experiences associated with service-based learning.

Clarke and Copeland's (2003) study also revealed that being engaged in service-based learning facilitated learning that was more meaningful, directed by the

realities of practice rather than idealistic theoretical models. The results of the study also indicated that having to sign the learning contract for service learning made learners more ready to take responsibility for what they needed to accomplish in the workplace. Being actively involved in learning and collaboration of the learning experiences with other health care givers during the process of learning led to the development of a real and relevant relationship between theory and practice.

The findings of this study by Clarke and Copeland (2003) also revealed that service learning enhanced ownership of the process of learning by students. It made them think realistically about what they wanted to do and achieve. It enabled them to work on the problem areas and solve problems on evidence-based information relating to the care that was required. It also facilitated ability to work in a team, not only in the unit, but also developed networking abilities with other members across the hospital and other health care settings.

The other competencies that were indicated as having been developed, were being knowledgeable and confident in carrying out care, assessing and reviewing patient care, the ability to critically analyze research, time management ability, self-discipline, the importance of asking for and accepting help relevant to the care of patients. The attained competencies seemed to be outcomes of the active participatory role of leading clinical practice. In comparing the success of a programme for enhancing the acquisition of competencies, the authors in this study indicated that this practice was contrary to what occurred in a traditional programme where the role of leading clinical practice would be discussed, but rarely realized. Service-/ work-based learning made the learners develop a deep sense of reflection at work, compared to the superficial reflection gained through the traditional method of

learning. The reflective skills led to an attitude of attempting further examination of the issues that pertained to patient care, like integration of government policy on health care and its relevance to practice as it seemed to form an integral part of practice. The reported findings of the study highlighted that such practice was contrary to the traditional programme in which the policy would be something that managers discuss.

According to the report of this study, service-based learning did not benefit the students only, but also the members of the multidisciplinary team, educators and, most importantly, the patients and their families. Service-based learning was reported as bridging the gap between theory and practice. It also developed critical reasoning skills, synthesis of theory, reflective practice, practice development and management of change. These skills were indicated as vital if the initiative and the drives for a flexible, responsive and creative work force were to be met. The findings of the study clearly indicated that service-/ work-based learning benefited the students more than the traditional method of teaching. Clarke and Copeland (2003), in summarizing service based-learning, indicated that it was one approach within the wide range of learning and teaching methods, which promoted active involvement in learning, and supported the view that learning must be understood as meaningful and useful by learners, if they were to engage in, and gain something, from such learning. This needed to be so, because there have been a number of changes and developments worldwide which required organizations to build up services which were flexible and could respond to the changing needs and the priorities of organizations, including health services (Clarke & Copeland, 2003).

These authors asserted that it was in view of such changes that service based-learning has to be amongst teaching strategies that are crucial to be used in order to

foster learning in higher education. (Clarke and Copeland (2003) further asserted that service-/ work-based learning provided an opportunity for institutions of higher learning and health care providers to work in partnership in order to realize the shared aims of developing the nursing practice. Where it would be implemented, it could bring about valuable benefits for the patients, practitioners and organizations. The much needed benefits from service-based learning could be realized only if the organizational and contextual factors which impact on practice were properly considered and attained through effective partnership (Clarke & Copeland, 2003).

The suggestion in the study was that, in the wake of the pressure of criticism and scrutiny to which the health services were subjected, there was a dire need by higher education institutions to provide educational programmes which could prepare individuals for changing the increasingly fluid world of work .They asserted that service-based learning approaches could be useful for both the experienced and less experienced staff to develop specific vocational competencies. These authors further recommended that service-based learning could be offered as a full course or in modules of the course and could be incorporated in the curriculum where specific competencies were required.

The implication of this study is that it would be beneficial for nursing education to adopt such teaching methods. These methods would lead to production of competencies that are envisaged to equip the nursing graduates with abilities which would be appropriate in meeting the needs of the communities, especially during this era of change in nursing practice from hospital-based care to primary based care.

Julie, Daniels and Adonis (2005) conducted a study on nursing students which evaluated service-based learning in order to gain deeper understanding of the

experiences of the students who were involved in this kind of teaching-learning approach. The question of this study concentrated on assessing the professional and personal development of students during service-learning experiences. Students' project reports, reflective journals, exit student focus groups and the researchers' field notes were used as data sources.

The findings which emerged from Julie et al.'s (2005) study were grouped according to four themes, namely the development of professional skills and competencies, the integration of theory and collaborative efforts, partnerships and critical learning experiences through reflection and civic engagement. With regard to development of skills and competencies, Julie et al.'s (2005) study revealed that service-based learning enabled students to work independently, make decisions and take initiative in the real situation where logistics were minimal and that it enhanced their sense of responsibility. The students found the process of learning valuable, even if, at times, what they learnt was not specifically addressing the preplanned outcomes. They realized that, in the real situation, there was a need to be flexible in the approach of practice amidst the unstructured scheduling and logistics encountered in real practice. The students became cognizant of the fact that, exposure to this learning approach ensured that they made connections between what they learnt in theory in class and clinical practice, especially in the area of facing the real challenges that occur in health service delivery.

According to Julie et al. (2005), communication emerged as another competency that was developed, as student learning activities included a lot of phoning around, interviewing of patients/ clients, as well as engaging in brainstorming sessions when discussing learning issues with other students and service personnel.

aware of the power of their own professional knowledge and abilities, which motivated them to engage in the process of change and development.

Concluding on their findings, Julie et al. (2005) made several recommendations which provided feedback into the curriculum planning and implementation of the service learning programme. The most significant and relevant recommendation was that service learning as a teaching methodology was successful in linking theory and practice for developing professional skills and could be employed to meet the challenge of providing adequately trained professionals.

Tannenbaum and Berrett, (2005) conducted a study which analyzed students' perceptions of the academic and social relevance of service learning strategy, and how teacher adherence to best practices in service learning might influence those perceptions. The findings of this study by Tannenbaum and Berrett (2005) revealed that participation in service learning had a positive impact on the perception of the academic relevance of the content in their courses. Students did not only understand the content, but also realized the connection between the subject matter and everyday life.

According to Tannenbaum and Berrett (2005), the student's perceptions of the social relevance of the course material were also enhanced by the participation in service learning, as students indicated that they felt they had learned more about diversity. Their understanding of people in general was increased. Students also became more aware of the needs of the community. They developed insight into how they could be involved in their community. The students indicated that the use of this learning strategy exposed them to experiences that positively influenced their self-esteem.

Tannenbaum and Beretts' (2005) study also revealed that students who were taught by teachers with previous training in service based learning and those who were taught by teachers mentored by individuals with prior service learning training displayed best practices. Tannenbaum and Berrett (2005) further voiced the observation that a programme which provided mentoring of the faculty and ongoing assessment of the service learning would provide maximum benefit to both students and instructors who participated in service learning. The findings of this study implied that service learning had vital contribution to make towards the development of skills which enhanced addressing the needs of the people in health care settings. However, its effect required to be strengthened by prior preparation of the teachers who were going to implement it. The recommendations in this study were that there was a need to ensure universal training of the teachers in order to facilitate effective service learning.

Mouton and Wildschut (2005) conducted an evaluation study on service learning courses or modules at five institutions of higher learning in South Africa over a period of two years (2001 to 2002). The study had several objectives to accomplish, which included (1) exploration of various models of service learning, (2) consideration of critical conditions for effective conceptualization and delivery of a service learning course within an academic course, and (3) also sought to examine some of the key factors involved in the institutionalization of service learning, so that this form of community engagement could become sustained and viable elements of the normal educational delivery of South African institutions of higher education.

The findings of this study concerning conceptualization and developing a service course revealed that it was important to focus on learning outcomes, responsiveness to society and national goals when designing the service learning course. In order to

accomplish that, doing a need assessment before designing the course was indicated as an essential undertaking.

Mouton and Wildschut (2005) further highlighted that all stakeholders were required to collaborate their activities in the conceptualization and refining of the courses, even if the needs assessment was not undertaken. In collaborative conceptualization of the courses, different practices were adopted by the participant institutions. In some instances it was done by all the partners concerned who were going to participate in service learning. In other instances there was clear evidence that collaboration in the process of conceptualization by all parties was lacking. According to Mouton and Wildschut (2005), this could be attributed to failure to consult the community and or service providers, and lack of participation of the community/ service provider. The authors reported that collaboration took place within higher education institutions only, and it was also done by a faculty member who was tasked to carry out that responsibility. Lack of collaboration in the establishment and implementation of service based learning was a gap that would prevent it from being effective as a teaching-learning approach, because, if key role players in it were left out, it was not likely to yield effective results in students' learning. It would also not meet the service needs in addressing the patients/ client's needs and problems.

Mouton and Wildschut (2005), in reporting on issues pertaining to course delivery, asserted that delivery of SL meant giving the course to the people that it was meant for after it had been designed. This implied that the course would be implemented successfully to benefit all the target groups, for instance the students, the community and the service providers. Mouton and Wildschut (2005) also indicated that the delivery would not be successful if there were not enough resources. It would also not be

successful when the course component and the activities were of poor quality, and when there was some incongruence between the content and the service activities, which could happen if all the target groups did not or only partly received the services. It was against such a background that these authors reported their findings. They did so by presenting the factors which were crucial, with regard to the success and the failure in course delivery, i.e. student readiness, the establishment of partnerships, appropriate placement, preparation of community for SL interventions, alignment of students' capabilities and the community's demands, proper logistic and resource planning and allocation, integration of theory and SL components and reflection.

This study by Mouton and Wildschut (2005) also revealed that it was important to orientate students thoroughly concerning SL, so as to make them ready for engagement in its implementation. This would enable the students to know what would be expected of them once they interacted with the community and the service providers. The findings of these authors revealed that preparation of the students for the course was inadequate. They were not emotionally and politically made ready to face the challenges which were prevalent in the clinical areas. Inadequacy in the preparation of the students meant that they were subjected to a range of challenges which included differences regarding the class, race, language and culture of the consumers of services. Such challenges posed barriers in facilitating effective teaching and learning through SL. Students were reported, in one instance, as being 'let loose' to do work on their own, even if they felt inexperienced in certain areas. As a result, one student commented that: "There are several dangers in letting loose an inexperienced bunch of students in the community, raising false expectations, wasting peoples' time, insensitivity to political context, inadequate preparation" (Mouton & Wildschut (2005, p. 136).

Regarding the preparation of the community for SL, the findings of this study showed that there was some inadequacy in the proper preparation of the community for what they should expect from participating in Service Learning. The community was allowed to simply assume that service learning was meant to benefit them.

Despite the findings of the study, which revealed gaps in the process of the implementation of service learning by the institutions concerned, Mouton and Wildschut's (2005) study revealed that the results from the students' responses regarding their attitude and experiences in SL showed an overwhelmingly positive reception of this approach to learning. The authors reported that learners shared their experiences of SL courses as having helped them to improve their relationship skills, leadership and project planning abilities. Their awareness of cultural differences shed some light on their cultural stereotypes. Some students indicated that their life skills were enhanced and their career choices were affirmed by their experience in working with the community. The majority of students indicated that they felt that their involvement was of some value to the community. However, some of the students expressed concern about the long term and the sustainability of the effect of service-based learning.

Concerning the benefit to the community from service learning, Mouton and Wildschut (2005) reported that the community indicated that service learning provided them with an opportunity to express their needs and priorities to the academic staff and the students. Much as the community expressed benefit from the project, the other stakeholders were reported as having recognized very little attainment of the outcomes by the community in some areas and this was attributed to limited contact with the community members during the process of implementation of SL. The community was even indicated as not having benefited from services, except in responding to the

questions that were asked by the students during the period of needs assessment. All that was indicated as of benefit to the community was the mere sense that people had an interest in the community.

Regarding the benefits offered by the course, Mouton and Wildschut (2005) revealed that this course benefited the students as they voiced satisfaction with their involvement in the community. According to the Mouton and Wildschut (2005), service learning needed to be institutionalized and made the integral part of the institution's policy, philosophy and practice. It has to form the foundation of mainstream of teaching, service and research in an institution. It was also indicated by these authors, that the mission and the philosophy of the institution should be committed to service learning. There should be a stipulation of an explicit SL policy and clear rules/ regulations regarding its implementation. SL should be promoted and funds be committed to running SL courses. Institutions need to provide support and ensure capacity building to SL staff. The overall evidence showed some explicit commitment from some of the institutions to SL, and this was reflected in the official policy statements of their institutions (Mouton & Wildschut, 2005)

Mouton and Wildschut (2005) indicated that, much as the programmes in SL were regarded as producing some benefits, some challenges, however, were expressed. These included that it was time consuming as it required a lot of preparation, and demanding during its implementation. All the partners did not participate and service providers, who were accommodative of the programmes, were burdened by their own work load. Concern was also expressed about the extent of its adoption by the universities. It was realized that, in some instances SL was supported by the junior members of the institution and in other cases by the senior members. There were

instances where it was reported that support was lacking completely from the senior members of the institution.

As service learning was one of the teaching strategies which encouraged active participation by the students in the teaching-learning process, enhanced interdisciplinary team work, and involvement and partnership with the community and service providers, it could not be abandoned simply because of identified hiccoughs in its implementation. What would be needed when it was adopted would be to seriously consider all the aspects required for its establishment and implementation in order to overcome the challenges it poses.

2. 4. 2 Community-based Education used as a teaching strategy

Maltby (2006) reported on the findings of the evaluation of learning experiences by students when health fairs were used to develop public health nursing competencies. The focus of evaluation was on the process and outcomes of learning through community involvement in the health fairs. Shared learning experiences through health fairs originally were established, between the community and nurses in a variety of health and human services. Later on it was extended to involve medical, social work and physical therapy students. Learning experiences which students attained through health fairs were designed to address issues of concern to the community agencies. The findings in Maltby's (2006) study regarding the experiences of students learning through health fairs were that it helped them in the development of nursing skills which included, analytic and critical thinking skills, because they were able to assess the facilities where learning was taking place, and establish what the clients needed. They were

empowered to assess, interpret and use information that they obtained from various sources. Students also realized the importance of the primary prevention of diseases and promotion of health. The students appreciated how essential communication was within the group, with the patients, and other professionals. They also felt that it was necessary to develop that skill quite early in the process of learning. They also developed leadership skills through working collaboratively within their groups, in the multidisciplinary team and with the community.

Health fairs were indicated by the same authors as having facilitated the formation of partnership with the members of the community in health promotion activities from which the community would benefit. Cultural competency skills were developed through having knowledge about, and sensitivity to the various health needs of the diverse communities. Financial planning and management skills were also enhanced through providing the learners with a small budget they were able to use, decide on how to spend it and account for it. Students also were enabled to collaborate with each other, clients and agencies. Participation by all stakeholders was enhanced during this learning experience. Students claimed that the work which had to be done was accomplished and the clients of the agencies were satisfied with the services they received. Maltby's (2006) study findings further revealed that the students were able to work together as learners and were creative in meeting the real patients' needs. However, Maltby (2006) revealed that evident collaboration was noticed amongst disciplines, except collaboration of their own activities. Maltby (2006) concluded that the development of an evidence base for interdisciplinary education in community partnership was still at the infancy stages. The authors cited in Maltby (2006), namely Ansari, Philips and Hammick (2001); Cook (2002); Cooper et al. (2001); Koppel, Barr, Reeves, Freeth and Hammick (2001); and Schmitt (2001b) concluded that

research that supported the claims of the effectiveness of health fairs related to enhanced students learning, leading to better client care, was required

Mennin and Mennin (2006) conducted a study on community-based medical education focusing on its responsiveness. Mennin and Mennin's (2006) findings revealed that exposure of students to community settings ensured continuity in patient follow up, extended contact with and development of relationship with the patients and their families. It also enhanced awareness and understanding of social determinants of health and illness, added relevance to learning as it was based on reality. It was taught by fewer different people, allowed the students to see a wider range of acute, chronic and emergency problems and was regarded as the most important learning experience by the students.

Mennin and Mennin (2006) asserted that students did not only express their own experiences in CBE, but also voiced their perceptions of how their mentors in CBE influenced their development in community-based education. Comparing the mentors with teachers in the hospital setting, students indicated that mentors were more enthusiastic and knowledgeable, more interested in and caring about the patients, were supportive: they helped them improve their communication; they reinforced learning by giving immediate feedback about the learning experiences, ensured one to one teaching, assisted them in understanding the broader context of caring for the patients/ clients in their diverse situations.

Experiences of mentors in CBE were also shared by Mennin and Mennin (2006) as stimulating the mentors to keep their knowledge up to date. The mentors derived pleasure in giving prompt feedback to the students, as such practice reinforces

learning. The mentors, too, were able to get more feedback from the students in order to improve their teaching.

Mennin and Mennin's (2006) findings, however, revealed CBE as having its own challenges, for instance, a high degree of variability in learning experiences at different community sites, and with different preceptors. Traveling from the institution to the various sites of the community is time-consuming. At times students encountered a negative attitude from the communities and they had to deal with this. The negative attitude was not displayed by the communities only, but also by some tertiary care specialists who perceived CBE as second rate medicine. At the same time, community physicians might feel that academic physicians based at a university were not out there in the real world. Mennin and Mennin (2006) indicated that the major challenge was to generalize the successful aspects of CBE experiences. These authors suggested in their summary that leaders of medical schools, working together with communities would need to recognize the full extent of their social contract with the society. They would ensure that CBE is integrated successfully with components of the curriculum such as clinical skills, doctor-patient society, professionalism, epidemiology and public health.

Mennin and Mennin, 2006) asserted that people in the more complex world of the twenty-first century were becoming aware of the fragmented approach to health problems, and of education for the health professions in itself causing problems. These authors, commenting on academic medicine, indicated that transforming medical education would mean that everyone would need to have better understanding of CBE, to be able to work together more effectively than has been the case previously, to prepare future doctors for their role in improving peoples' health. The notion of adopting CBE as one of essential pedagogical strategies was not important for medical students

only, but for all the health professions, as these needed to be responsive to the needs of the individuals, the families and the communities they serve to improve their health.

Richards (2001) reported on a study conducted by an international team of five researchers on best practices in community-oriented health professions. These authors sought to describe nine innovative education programmes in health professions selected by "The Network: Community partnerships for Health through Innovative Education, Service and Research". The purpose of describing these programmes was to highlight key issues in designing and implementing community-based education, with the aim of producing good doctors, nurses and other health professionals who would respond appropriately to the community's needs. The elements which were described included overall institutional characteristics, curriculum, admission practices, evaluation systems, research, service, community involvement, faculty development, post graduate programmes and the schools' relationship with government entities. Richard's (2001) findings included the description of common features of each of nine evaluated programmes, their shared dilemmas and how each went about balancing the teaching of clinical competence and population perspectives.

Richard's (2001) findings reported on lessons learned from this study, which he categorized into seven groups namely: (a) problem-based learning and community-based education, which were not seen as two independent curricular reforms; (b) student activities which were determined on the basis of sensitivity to locale; (c) the need for health professionals to work collaboratively; (d) connection between personal health and population health issues; (e) population health interventions and treatment strategies which needed to be appropriate to local conditions; (f) graduates who needed to advocate for the patients

and the community in the public policy arena; and (g) organizational change regarded as taking a long time. The findings of this study revealed that all institutions used CBE for learning and six of them combined CBE and PBL approaches. It was clearly stated in this report that learners in these programmes were actively involved in their learning; as a result they developed critical thinking skills. Richard (2001) further reported that the institutions used essential resources to facilitate learning. These were directed towards ensuring eradicating the problems that were identified to attain the community-oriented curricular goals, and to promote the health priorities of their communities. The findings obtained from the programmes offered at the Faculty of Health Sciences at one of one of the institutions were of particular interest in this study, because the focus of their programmes was not only on medical students, but on nursing students as well. This institution combines PBL and CBE. The programmes of this institution also were reported as catering for the needs of the disadvantaged and rural communities who were faced with gross lack of infrastructure like roads, electricity, potable water and shortage of trained practitioners. The learners engaged in service activities in which they used case studies to acquire the required skills of managing the common health problems of members of the community.

According to Richard (2001), the students in the various programmes were enabled to attain competencies which were specifically based on the local problems. However, this author indicated that there is common body of knowledge and an underlying set of skills, competencies and proclivities that are required by all graduates, regardless of how the contexts of practice differed. Richard (2001) also indicated that it was important for the graduates to have patient contact quite early in their training to be prepared to acquire competencies to render good health care for the communities of the specific countries that featured in this study, and to be able to use the basic

equipment that was available, combined with a basic manner of communicating with clients/ patients. In addressing the aspect of connecting personal health issues with the health of the population, Richard (2001) revealed that the importance of creating the relationship between personal health and the health of the population was of paramount importance. These exemplars (universities) explicitly outlined the significance of the relationship between personal health, population health and local socio-economic conditions.

In the process of learning, the students were in a position to advocate for the needs of the communities. They became committed to sustaining the rural development. They were also committed to enhancing community participation in the context of teaching the students to understand community health issues. Understanding the community issues would, in turn, assist the students to develop relevant health interventions based on the prevalent conditions. According to Richard (2001), community-based education and problem-based learning also encouraged students to engage the members of the community to participate in community development projects; in one community in the Transkei, South Africa, for instance, an income generating project of baking bread and supplying the local school on contract assisted in improving the nutritional status of the community and raised the economic status of the community as well. Conducting learning activities in the community where the people reside enabled the students to have better insight and understanding of the dynamics of the community. Such insight enabled the students to provide problem-specific interventions. Richard (2001) asserted that no health care given could help solve the problems of the community, no matter how robust, if it did not relevantly address such problems.

Concluding on the findings of this study, Richard (2001) commented that the nine institutions, different as they were in their practice of PBL and CBE, had taken strides in engaging in the process of change, both in the manner in which they taught and where that teaching took place. In spite of all the challenges that those exemplars encountered, Richard (2001) reported that those schools were becoming more community oriented and socially accountable (Richard, 2001, p.364).

According to Richard (2001), the changes that occurred in the nine institutions had been fundamental and sudden, and had helped them produce graduates able to address community needs in the context of population health. Efforts to effect a change in the education of their students was reported by Richard (2001) as evidenced in the basic structure of the academic institutions, their admission practices, the formulation of research agendas, the institutions' relationships with the stakeholders, as well as the bases of faculty rewards. These institutions realized that, if they were supported by the tax payers' money through the government, they had to accept the social responsibility of giving back services to the people. All nine institutions in this study took the accountability of their institutions to the community into consideration by ensuring adequate involvement of the communities in their planning and the implementation of the schools' programmes. They also made a point of their programmes being suited to local needs, institutional considerations and the level of available resources to the programme. These institutions, against all odds, were struggling with how they could prepare their practitioners to meet societal needs (Richard, 2001).

The significance of this study to the present study was that it shed light on the fact that, in spite of any kind of challenge CBE could pose, it was a strategy worth adopting,

because, according to the studies that have been reviewed, it has significant impact on developing the skills that emanate from the learners' active participation in learning. It also is a learning strategy which fosters working in partnership with the community in the real situation. This study also emphasizes the prior preparation of all those who participate in CBE for the achievement of the best learning outcomes and benefits to the community and service providers.

Salmon and Keneni (2004) conducted a study which looked at the application of community oriented education through the use of community-based education. The study examined the experiences of students involved with community-based education. The purpose of the study was specifically to highlight factors that students considered as having facilitated or hindered their learning through community-based education, as well as to ensure whether the stated learning objectives were met. The findings of the study revealed that factors which facilitated and hindered their learning were categorized into mentor and student-related factors. These findings were also associated with the community learning environment. Pertaining to factors related to mentors, who were indicated as facilitating learning, the students revealed that mentors were very helpful in assisting the learners during the process of learning. They were willing to answer students' questions and provided explanations, encouraged students and praised them for their best performances. It also emerged from the students that learning was facilitated by mentors who were well prepared for facilitation in CBE.

Salmon and Keneni (2004) regard the role of the mentor as very important in making learning effective. Preparedness, competence and good guidance, nurturing, support and supervision by mentors were reaffirmed by Mackenzie (1992) and O'Neill (1996) in Salmon and Keneni (2004) as crucial in reinforcing learning

Regarding student-related factors, the findings of this study revealed that the most important aspects which facilitated learning among students were their participation, interest displayed, and the effectiveness of their group leaders. According to Salmon and Keneni's (2004) study, the community learning environment was found relevant to students' future work, because it was where they might find permanent employment after qualification. Their introduction to the clinical area in the community during their placement was highlighted as essential for the facilitation of learning. During placement, students were exposed to a wide range of opportunities and this broadened their field for acquisition of the required experiences. Alderman (1998), cited in Salmon and Keneni (2004), also emphasized the importance of orientation and introduction of students regarding their placement in the community as crucial in facilitating learning. The World Health Organization (WHO) (1987), cited by Salmon and Keneni (2004), supported the notion of placement of learners in the community as essential since it was the environment in which they, as future graduates, would practice. Baille (1993), in Salmon and Keneni (2004), too, recognized placement of learners in the community as crucial and relevant in facilitating learning.

Salmon and Keneni's (2004) study, also had to examine the factors that were seen by students as hindering learning where community-based education was applied as the method of teaching-learning. Regarding the hindering factors, the results of the study revealed that students voiced the difficulty of expressing themselves in a group. There was lack of agreement with mentors in decision making. Domination of the group by individual students was also cited as a barrier to their learning.

Reporting on hindering factors which revolved around mentors, Salmon and Keneni (2004) revealed that mentors tended to stress the weaknesses and mistakes

made by the students. The learners indicated that this made them less motivated to learn. This, however, was contradictory to what was expressed by students under the facilitating factors for their learning. The contradictory statements in this research were due to the students being grouped and their performance therefore was not graded in by the same mentors. The students also reported their dissatisfaction with irregularity of the contact with the mentors. Students even felt that the grading of their performance was negatively affected by such irregular contact, as regular contact yielded a positive relationship. The irregularity of contact which the students complained of might have further affected the grading system as those with regular contact had a positive relationship (Salmon & Keneni, 2004).

According to Salmon and Keneni (2004), the community learning environment could hinder the learning process. These researchers indicated that lack of study facilities and relevant material in the learning environment had a negative effect on the learning process, because it deprived the students of the opportunity to place the theoretical knowledge in context. The effectiveness of CBE as a learning approach depends mostly on readily available and appropriate resources. The continuation of lectures in the environment whilst students were engaged in CBE was also indicated as a hindering factor. Students felt that this practice reduced the time for engaging in community clinical practice.

Regarding investigation of the level to which the CBE objectives were met, Salmon and Keneni (2004) indicated that clinical experience needed to be driven by objectives. Reporting on the views of the students regarding CBE meeting the learning objects, the researchers were that learners were satisfied about meeting their CBE objectives. Students, however, indicated that there were areas that needed to be

improved, for instance planning preventive interventions and implementing interventions according to Primary Health Care concepts. Salmon and Keneni (2004) suggested that organizing CBE in spiral phases, with one group performing the assessment, a second group developing the action plans, a third group performing the health intervention and the fourth group evaluating the whole process, might solve that problem.

This study provided several recommendations which mainly revolved around reinforcing the factors facilitating learning and improving factors which were highlighted as hindering the learning process. Proper planning, organizing, and implementing of CBE to meet the learning objectives in CBE were also recommendation. Salmon and Keneni (2004) further recommended that research should be conducted to gain better understanding of the perspective of both mentors and community members of CBE in respect of mentors' time commitment and resource implications of supervising students on CBE.

2. 4. 3 Problem-based learning (PBL) as a teaching strategy to respond to the needs of the community

Hwang and Kim (2005) conducted a study that compared problem-based and lecture-based learning with the purpose of comparing the effects of problem-based learning with the traditional method of teaching in the cardio-respiratory adult course. The findings of the study revealed that the students involved with PBL had higher scores for knowledge than those in the lecture method of study. This study showed a positive

effect of PBL on learning in both basic sciences and nursing science. The learners doing PBL developed independence in learning and were highly motivated.

A case study examining the attitude towards learning of both groups, no statistically significant difference was found between the PBL group and the lecture method group. These findings led to the researchers believing that the traditional method simply was not attractive, especially for learning of students in lower grades.

Hwang and Kim (2005) suggested that, where problem-based learning was implemented, its effects needed to be studied in clinical practice after a student's graduation. Hwang and Kim (2005) asserted that the lecturing method as a teaching strategy needed to be modified to support learning. In concluding this study, Hwang and Kim (2005) indicated that the findings of the study were contrary to a range of studies that were conducted earlier, which revealed that students from PBL programmes achieved lower knowledge scores than those from the traditional lecturing method.

Newman's (2004) study was conducted to evaluate Problem Based Learning in continuing education. The researchers sought to examine whether the use of PBL in a continuing nursing education programme yielded higher levels of student attainment, compared with the traditional curriculum. The findings of Newman's (2004) study emerged out of the analysis of various variables. The variables that were examined were the programme, teacher, student values, characteristics, expectations and the responses. The findings of this study revealed that PBL ensured the development of skills, personal and propositional knowledge and a high rate of readiness for self-directed learning from a PBL programme, compared with a traditional method. However, this particular study seemed to find fewer positive attributes in PBL. What stood out were

negative aspects associated with PBL. Included among these were that students following the PBL curriculum rated the impact of the curriculum lower than those in the traditional curriculum. The students, in fact asserted that they perceived the PBL programme as having no impact on their practice.

Concerning career development in participation, educational and practice development activities on the completion of the programme, the students in the traditional group were found less likely to have developed interest and participation in those developmental activities. The students engaged in PBL as a method of study voiced lack of satisfaction regarding the use of this method for teaching. It was indicated that the students' zeal to learn from the PBL programme was dampened by anxiety, frustration and anger, which emanated from shortcomings related to either the implementation of the PBL curriculum or their teachers. It therefore became obvious that the PBL curriculum did not meet the expectations of the students. The inadequacy of the impact of the PBL programme, compared to the traditional programme, was further evidenced by 94% (31 students) in the traditional group completing the course and only 59% (20 students) of the PBL curriculum completing the course. Newman (2004) further reported that being engaged in PBL was most disliked by the learners who were taught in this curriculum, because, even in the follow-up survey, the group from the traditional method displayed some satisfaction with having been taught according to the traditional curriculum.

Newman's (2004) study also revealed that PBL subjected the teachers to an increased workload, with the result that the time devoted to active teaching was minimal, so as to expose the learners to classroom teaching as was the case with the traditional kind of a curriculum. However, in spite of all the weaknesses identified in the

PBL curriculum, Newman (2004) asserted that it seemed to be one of the key pedagogical approaches appropriate to teaching in higher education. The suggestion from this study was that there was a need for further investigation regarding PBL as a teaching method.

Cooke and Moyle (2002) conducted a study that focused on students' evaluation of problem-based learning. The aim of the study was to explore an evaluation of the use of problem-based education over a four-week period for a 'traditional' undergraduate nursing degree. Cooke and Moyle's (2002) findings revealed that students had positive feelings about PBL as a teaching-learning approach. Students indicated that they found it quite exciting; it stimulated them to be motivated to learn. It promoted clinical reasoning skills and they affirmed that it was significant for their practice, both as students and as future practitioners. It helped them to be self-directed in their learning; developed their ability to identify their learning needs; facilitated working in teams and engaging in creative discussions; facilitated learning from peers; enhanced integration and synthesis of a variety of subjects from the different disciplines.

Further findings of Cooke and Moyle's (2002) study revealed that the students mentioned being in a position to contextualize their learning as it was happening in the real clinical situation. The purpose of the students' learning was voiced as evidently relevant to their practice as future nurses. Learners were required to take decisions about patients' situations, using clinical reasoning skills. The students' sense of responsibility was also reported as one of the skills that students experienced as having been enhanced by PBL. Although the researchers (Cooke & Moyle, 2002) found the students to respond positively to PBL, two of the participants had a negative view about

this teaching-learning approach. These students explained that they experienced difficulty in learning through this approach. They also indicated that it lacked directedness. The general findings of this study were pleasurable to those who taught in PBL, because of the positive evaluation, as many learners believed that their learning was greatly enhanced by this teaching approach (Cooke & Moyle, 2002).

Brandon and Majumdar (1997), as reported in Cooke and Moyle (2002), asserted that the evaluative evidence regarding the use of PBL was crucial for those involved in curriculum development or subject design, as this would encourage them to adopt this approach for teaching. The evaluation of PBL in this study has shown that it could be successful provided, if it could be carefully planned and implemented.

Sundblad, Sigrell, John and Lindkvist. (2002) conducted a study on students' evaluation of a learning method where comparison between a problem-based learning and more traditional methods of teaching was undertaken. The two educational groups, who were from a three-year psychotherapy course, were compared with regard to their educational training. One group attended a traditional programme based on conventional lectures from 1993 to 1996. The other group attended a problem-based learning programme from 1994 to 1997.

The questions that were asked sought to establish the differences between the students' description of knowledge obtained, integration and personal aspects according to the teaching method, which was either PBL or traditional in the theoretical part of the programme.

The findings obtained from the initial study by Sundblad et al. (2002) revealed that the traditionally trained group reported a significantly higher level of knowledge

than the PBL group. On the other hand, the PBL group reported a more positive general evaluation of the programme than the traditional group. Regarding other variables, there were no differences in the information reported by the groups. The findings from the qualitative analysis revealed that there were no statistically significant differences between the groups in a number of statements. Both groups (traditional and PBL) elicited the educational factors to the same degree, both positive and negative. The PBL group stressed the positive personal aspects to a greater extent. The group who experienced traditional education emphasized the negative surrounding factors. The findings of the follow-up study revealed that there were no differences between the traditionally trained group and the PBL group in their evaluation of the practical use of their prior psychotherapy training. The implication on the findings of this study is that positive outcomes are not yielded in all cases where PBL has been implemented.

Carlisle and Ibbotson (2005) conducted a small evaluation study with the aim of exploring the efficacy of PBL as it was used for the delivery of a post graduate research methods module. The findings of this study revealed that the introduction of PBL as a learning approach in the research methods module was evaluated positively, on the whole, from the perception of both students and facilitators. The students indicated that they were quite satisfied with the manner in which the facilitators encouraged them to take responsibility for their own learning and were also pleased with skills which were developed by being involved in learning where PBL was used as a learning approach.

Carlisle and Ibbotson (2005) further reported that, although this was a small evaluation study and its results could not be generalized to other institutions of higher

learning, or other subject modules, it did give a level of support to the acceptability of PBL as an approach for use in learning in post graduate programmes.

Smits, Verbeek and de Buissonje (2002) conducted a systematic review of controlled evaluation studies on effectiveness of problem-based learning in continuing medical education. The purpose of this study was to find out whether there was evidence that problem-based learning was effective in continuing medical education. The findings revealed that there was limited evidence that problem-based learning in continuing medical increased participants' knowledge and performance and patients' health.

Smits et al. (2002), reporting on a review of controlled evaluation studies based on PBL in medical education, indicated that there was moderate evidence that the doctors were more satisfied with problem-based learning. The effectiveness of problem-based learning in continuing medical education had not been reviewed. Smits et al. (2002), commenting on Problem-Based Learning, indicated that PBL ranked amongst the best methods to facilitate interactive learning by students. These authors further indicated that it was a method that provided fun during learning and was claimed to be the most effective method for ensuring life-long learning. Such results had had the effect that systematic reviews of undergraduate medical education from the early 1990s cautiously supported the short- and long-term outcomes of PBL compared with the traditional and many medical schools have since then changed curricula PBL (Smits et al., 2002). Smits et al. (2002), however, pointed out that the value of PBL in undergraduate medical education has been queried recently.

The views of the various authors discussed above regarding changes that were needed in education in the health professions, especially in nursing, were supported by

the outcomes of a study conducted by Oandasan et al. (2004). The aim of the study was to explore how primary care physicians responded to community needs and challenges. The recruitment strategy of participants ensured gathering of information from a diversity of participants who were also equally responsive to their communities. The main focus of the researchers was to identify the characteristics deemed ideal for the responsive physician's role. Qualitative data analysis was achieved by the use of grounded theory, which produced three themes, one of which related to various roles that were identified by the focus groups as responding to community needs. Those roles included, (a) collaboration of activities of physicians with the other health care professionals, (b) health education to fill up the knowledge gaps of clients and patients, (c) advocating for the patients in achieving social health needs, (d) resourcefulness in terms of knowledge and clinical skills, (e) tailoring of care where there seemed to be constraints in rendering care.

The second theme related to challenges encountered by physicians in carrying out their roles. The third theme recognized the shared belief held by communities and physicians about practicing medicine in a socially responsive manner. Of vital importance to the researcher in this study were the roles /characteristics displayed by the responsive physician, which this author shared as: ability to collaborate activities with other members of the multidisciplinary team; advocating for clients /patients where the focus is on supporting their access to health and social services as well; being a health educator by engaging in dissemination of information regarding promotion of health and prevention and management of diseases; being the tailor of care and being resourceful, by capturing opportunities of participating in various community structures where helpful expertise and experiences are shared with the community.

The skills identified by Oandasan, (2004) in his research were amongst the most desirable skills to be accomplished by the curricula of nursing if they were to be termed responsive to the needs of the communities.

In South Africa, Gwele, McInerney, van Rhyen, Uys and Tanga (2003) conducted a qualitative study with the purpose of describing and evaluating the outcomes of problem-based and community-oriented learning programmes. The focus of the study was to establish the community health competencies of graduates in terms of incorporating illness prevention and promotion. This study entailed in-depth interviews with both the graduates and their supervisors. On reporting, these authors indicated that the graduates voiced the strengths of the programme which used community-based learning with a philosophy of problem-based education. One of them commented that, "it is a wonderful experience that I think everyone should go through, it is an excellent working or study technique". (Gwele et al., 2003, p. 24).

These results revealed that the programme prepared the graduates to be positive, have strengths like self-directedness, self-confidence and the ability to collaborate activities with others, flexibility and adaptability, and taught them to access the situations. In as much as there were positive outcomes to the programmes, as indicated by the graduates, Gwele et al. (2003) also identified weaknesses. These authors reported that both the graduates and the supervisors displayed some difficulty in describing the activities that related to disease prevention and health promotion. These two concepts of health care are amongst those that are cornerstones of primary health care. If the education of nurses was aimed at preparing responsive graduates, Gwele et al. (2003) further asserted, it was important to strengthen nurse education

programmes, and this could be achieved by increasing the focus on health promotion strategies and reorientation of the health system to health promotion.

The researcher, influenced by the available literature, believed that nursing, as a field producing health professionals, has to enable them to acquire the role of health professional by putting them through a curriculum that is relevant and enables them to be responsive to the needs of the community.

Moeti et al. (2004) indicated that nurses were provided with theoretical content to consolidate their knowledge and were socialized to professional roles by placing them in the clinical area during training. The clinical area indicated could be in a hospital and in the community. Moeti et al. (2004) further asserted that, where roles, competencies of graduates and community needs were considered, the focus of the curriculum should be to produce graduates who were able to think critically and who could appreciate the diversity of South Africa's population. These graduates should thus provide culturally relevant care, which would also be needs based.

Gwele et al. (2003) asserted that, if education were to be conducted in the community, it would enhance the relevance community needs and consequently would require a Community-Based Education programme.

The Pew Health Commission (1998) conducted several studies and concluded that competencies required from health professionals who were responsive to societal needs included the following: (a) embracing a person ethic of social responsibility and service, (b) exhibiting ethical behavior in all professional activities, (c) providing evidence-based, clinically competent care, (d) incorporating the multiple determinants of health in clinical care, (e) applying knowledge of new sciences, (f) demonstrating

critical thinking, reflection and problem-solving skills, (g) understanding the role of primary care, (h) rigorously practicing preventive care, (i) integrating population-based care and services into practice, (j) improving access to health care for those with unmet health needs, (k) practicing relationship-centered care with individuals and families, (l) providing culturally sensitive care to a diverse society, (m) partnering with communities in health care decisions, (n) working in interdisciplinary teams, (o) ensuring care that balances individual, professional, system and societal needs, (p) practicing leadership, (q) taking responsibility for quality care and health outcomes at all levels, (r) contributing to continuous improvement of the health care system, (s) advocating for public policy that promotes and protects the health of the public and (t) continuing to learn and help others to learn

2. 5 Conclusion

What has been evident in this study as emanating from literature review, were calls supporting the need to change the systems of education so as to come up with, and implement programmes that develop graduates to be responsive to the needs of the community. There is wide support of the fact that relevant programmes would meet the needs of the changing health care system. Extensive available literature advocates the adoption of teaching strategies like community-based education, Problem-based Learning and Service Learning as teaching strategies that are relevant for producing the desired competencies to meet community needs. Wide support for community oriented programmes as the kind of programme that could produce the relevantly responsive graduates was also encountered. The fact that only two studies were conducted on the outcomes of nursing programmes, and no study was conducted on

the responsiveness of the nursing education programmes, provided a good reason for conducting this study, which was planned to explore the responsiveness of nursing education programmes in the Eastern Cape Colleges of Nursing to the needs of the community.

Methodology

3. 1 Research approach

A qualitative research approach was used in this study. Qualitative research is a systematic, interactive approach used to describe life experiences and give them meaning (Ford-Gilboe, Campbell & Berman, 1995; Leininger, 1985; Munhall, 1989, as cited by Burns & Grove, 1997). Toppings (2006) states that qualitative research methods have an interpretivist perspective, it emphasizes meaning and understanding of human actions and behavior. The qualitative approach is based on an assumption that, in order to make sense of the world, human behavior should be interpreted in interaction with others. The interpretative stance goes further, as qualitative methodologies also strive to emphasize that there is no single interpretation, truth or meaning, but recognizes that, just as human beings are different, so are the societies and cultures in which they live their lives. In this study, which was aimed at exploring responsiveness of nursing education to the needs of the Eastern Cape communities from the stakeholders' viewpoint, the qualitative approach was relevant. Qualitative research helps the researcher to gain ideas and insights into a phenomenon of interest from the participants' view point (Burns & Grove, 1997)

A qualitative study is not without problems as it yields a huge amount of data. As a result, it becomes impractical for the researcher to use large representative samples for obtaining data, the large amount of data collected also presents a problem for data analysis (Polit & Hungler, 1995). It requires considerable skill on the part of the

interviewer (Mays & Pope, 1996). This means that it can be quite frustrating to the researcher without experience. To lessen or curb this problem an experienced researcher was sought to assist the researcher during the process of data analysis. The research supervisor also played a critical role during this phase by providing support to the researcher throughout the process of data analysis.

3. 2 Research Design

An ethnographic design was found appropriate in this study, as the study aimed at learning about people and from their settings (Roper & Shapira, 2000). According to Holloway & Todres (2006), ethnography consists of description, analysis and interpretation. There are two main approaches to ethnography: descriptive and critical ethnography (Holloway & Todres, 2006). This study adopted a descriptive ethnographic approach. A descriptive ethnographic study centers on description of culture whereas critical ethnography involves the study of macro-social factors such as power and control and examines common sense assumptions and hidden agendas in this arena. Ethnographers describe what they observe and hear while studying cultural numbers in context, they also interpret findings by asking for meaning and inferring such meaning from data. It emanates from this explanation that ethnographers argue that it is essential to learn the culture of a group one is studying before one can produce tangible explanations for the behavior of its members (Genzuk, 1999). This author further indicates that this is the reason for ethnography to centre on participant observation and unstructured interviewing in the ethnographic method.

3. 3 Research setting

In ethnographic studies, the researcher selects a research setting that will assist in yielding rich data (Burns & Grove, 1997). This study was conducted in the Eastern Cape Province which is the third biggest province in South Africa. The province extends over about 13.9 % of the country's land and this percentage is translated into 1 69 580 square kilometers. It has a population of 6,436 million. About 88% of the population is black and lives in the former homelands of the Transkei and the Ciskei and 50% of the population resides in less than a third of the province's land. The province has twenty-six (26) municipalities. This province constitutes urban, semi-urban and large rural communities. It has seven hundred and forty-nine (749) clinics, ten health centers, forty-seven (47) district hospitals, two regional hospitals and three hospital complexes.

At present, there is one provincial college known as the Liliitha College of Nursing, which has five main Campuses and thirteen sub-campuses. Four of these campuses were former colleges of the previous Ciskei and the Transkei homelands as well as the Republic of South Africa. The Liliitha College has thirteen satellite campuses, which were campuses of the former colleges of the Eastern Cape as well as the previous nursing schools. The college campuses selected for this study were those which offer community-based education programmes and had managed to produce graduates from CBE programmes. These campuses included the East London Campus and specifically the East London learning site; the former Frere Nursing College, which introduced community-based education in 1997; the Umthatha campus, formerly the Transkei College of Nursing, which commenced community-based education in 2001; and the Port Elizabeth campus, the former Eastern Cape College, which also adopted

the use of community-based education in 2001, utilizing one community which is an informal settlement.

3. 4 Research population

A research population is the entire set of individuals or elements that meet the sampling criteria (Burns & Grove, 2001). The population included stakeholders described under 'sample selection' (the policy makers from the Eastern Cape health department, nurse educators from Lilitha College, graduates (newly qualified professional nurses) who were working at the clinics and their supervisors, programme coordinators and the principal of the college.

3. 5 Sample selection

Ethnographers use purposive or criterion-based sampling; that is, they adopt specific criteria for selecting informants. The key informants in ethnographic studies are those participants whose knowledge of a setting and phenomena under study is intimate and long standing (Holloway & Todres, 2006).

The study included four categories of participants, namely (1) the newly qualified professional nurses who worked at the clinical settings and were allocated either urban, semi-urban or rural communities for the purpose of ensuring representation of the communities of the Eastern Cape; (2) Policy makers who were from the primary health care department in the Eastern Cape Department of Health nursing education and quality assurance directorates. These were selected to participate in the study, because

they were responsible for monitoring the implementation and effectiveness of the primary health care, ensuring implementation of quality education, monitoring and evaluation of educational and service standards respectively; (3) senior professional nurses who were supervisors of the newly qualified nurses. Those nurses were selected because they worked with the newly qualified nurses on a day-to-day basis and were in the best position to observe and give an account in terms of the competencies evidenced by them; (4) principals / coordinators of nursing education programmes at the colleges who were responsible for supervising the implementation of the colleges' programmes. Unfortunately the South African Nursing Council (SANC) Education Committee could not contribute to this study as they were not available.

3. 6 Sampling method

Purposive and convenience sampling were used in this study. A purposive sampling method was used to recruit groups of relevant participants (May & Poles, 1993). (Burns & Groves 1999) describe purposive sampling as a technique used to obtain maximum information as well as a full array of responses from the participants. Lincoln & Guba (1985) assert that purposive sampling is done with a purpose in mind, of the sense that the sample used will be representative of the population which it is desired to generalize.

According to Merriam (1990), purposive sampling is based on the assumption that the investigator wants to discover, understand and gain insights, and therefore must select a sample from which most can be gained. Purposive sampling is a non-probability sampling method in which participants are chosen for the study because of

their likelihood of being able to talk with the same insight on the topic at hand (May & Pole, 1993). Non-probability sampling is characterized by elements in the research population not having an equal chance of being selected into the sample. Morse (1998) describes purposive sampling as a process of selecting participants who are rich in the information required by the researcher.

The sample size of this study constituted (33) participants. Eleven of these were newly qualified professional nurses who had been in practice between one and two years after qualifying. Seven senior professional nurses acted as supervisors of those newly qualified nurses. One was the principal of the single college of the Eastern Cape who represented the implementers and integrators of the policies of the government in the nursing education curriculum design. Three of these were programme coordinators at the three campuses of the college. Eleven tutors comprised tutors/ who were observed during the process of teaching at the three campuses of the institution. The above were regarded as being equipped to give rich information as required for this study.

The researcher purposely selected the principals of campuses because it was assumed that they were well informed about the existing programmes in their institutions. The participants from the Department of Health were selected purposively, guided by the role they play in policy issues regarding human resource development. Convenience sampling was used to choose the graduates who were requested to participate in the study. These graduates worked around the targeted campuses of Lilitha College.

3.7 Data collection process

After obtaining permission from the principal of the college to access the college campuses targeted for the study, the researcher gained entry to the sites from the District manager to get to the primary health care clinics. Ethnography is a method of research where the data are systematically collected in a natural setting, which has a dynamic network of interrelated variables (Brink & Wood, 1998). Being in a natural setting facilitates getting close to the subject under study. It also enhances being factual and descriptive in reporting what is observed (Genzuk, 1999). In order to collect data, the researcher becomes part of the cultural setting (Burns & Grove, 1997) and a researcher is used as an instrument to collect data as she / he becomes a participant-observer in the culture that is studied.

Ethnographers have three major strategies for collecting data; observation of what is going on in the setting while participating in it; asking informants about their experiences, behavior and feelings about the phenomenon under study; and studying documents in the setting in order to familiarize themselves with it (Holloway & Todres, 2006). The three methods of data collection in which ethnographers engage, in turn, produce three types of data, namely: quotations, descriptions and excerpts from documents, which then result in one product which is a descriptive narrative (Hammersley, 1990). According to the same author, the narrative, combined with some other artifacts (which, in the case of this study, were the curriculum, the study guides and evaluation tools, minutes of the meetings and the policies), help to give a clear picture of the culture that is studied.

In this study, the researcher adhered to the ethnographic research principle of engaging in fieldwork to facilitate spending some time with the participants in their

workplaces. The researcher spent five days in the clinics where graduates worked and five days at each college campus targeted for data collection. The length of time spent by the researcher at these sites was determined by the availability of the participants. At each location of the culture under study, the researcher made observations of the participants so as to understand the nature of the culture of interest in this study. Observations were made mostly on the first day. During observations, the researcher witnessed performance of nursing activities in rendering health care by the graduates, teaching by various tutors in different subjects, looking specifically at the methods of teaching used by each tutor that was observed and listened to what was said about patient care and teaching. Questions on these aspects were asked to allow completeness and clarity of the collected data. Learner's reactions during teaching were observed as well. After each lesson that was taught, an analysis of the learning guides of respective courses / subjects was done to look at: the learning outcomes and assessment criteria, so as to understand the competencies expected to be acquired by the learners; the methods recommended for teaching, to see if they were in line with development of the competencies specified; the content, to see how it was interpreted from the texts and related to the community needs.

Documents like curriculum, assessment tools (tests, examinations, clinical evaluation tools) and minutes of meetings were scrutinized. The researcher looked for the philosophy, mission statements, and the conceptual frameworks and recommended teaching strategies. The intention was to arrive at the essence of categories and sub-categories that would emerge from data. On the second to the fifth day, observation was done in conjunction with in-depth interviewing of participants. Some responses from participants were audio-taped. Other responses were hand written, as some participants expressed being uncomfortable with the use of the video-

tape. Field notes were written to augment information obtained through observations and interviews. In fact, taking of field notes commenced during the process of observation and were continued throughout the process of data collection.

In the case of the senior professional nurses and the nursing graduates (newly qualified nurses), the focus group approach was adopted for data collection. Each group of these participants was grouped according to their respective category. Small groups which ranged between two to six members were used. Focus groups are usually small to allow the researcher to spend more time making in-depth analysis of the topic she / he is researching (Chappell, 1993). The focus of the questions to the graduates was on their views regarding their experiences in relation to the programme that they followed during training. Other questions were guided by the information obtained from the answers during the interviews. Records that were used in the clinical area were scrutinized as well. The records that were examined here were those mainly in line with the integration of health care priorities in practice. What was particularly examined from the records for instance the curriculum were mission statement, conceptual framework, teaching learning approaches, assessment strategies recommended and the skills expected to be attained by the learners. The researcher spent five days in each of the clinical areas observing the newly qualified nurses at work

Semi structured interviews and unstructured interview questions were used to collect the data. The selected semi-structured and structured interviews allowed the interviewer to explore what respondents revealed in greater detail compared to structured questionnaires. Polit & Hungler (1997) state that the conversational nature of the unstructured or semi structured interview allows the respondents to tell their story in a natural manner without feeling constrained through having to answer a list of closed-

ended questions posed to them. In a way, the participants determine the flow of the discussion with the researcher following up on their answers (Polit & Hungler, 1997).

3. 8 Data Analysis

Data analysis was according to Spradley's (1980) method of data analysis. The researcher conducted data analysis concurrently with data collection throughout (Leedy & Ormrod, 2005; Speziale & Carpenter, 2003). This included making cultural inference, discovering cultural scenes, generating concept categories and subcategories, searching for attributes associated with cultural categories; looking for tacit information and discovery of themes.

3. 8. 1 Phases of data analysis

As indicated above, the first steps in data analysis were done alternately with data collection. Since data analysis in ethnography is to "search for patterns" that make up the culture, (Spradley, 1980), the template suggested by Spradley (1980) for data analysis in the domain analysis stage was used to guide the researcher. According to Spradley (1980), this begins by analyzing the social situation. The social situation, according to Spradley (1980), "refers to the stream of behaviours (activities) carried out by people (actors) in a particular location (place)" and the material, equipment they use (artifacts) to carry out their responsibilities. The situation observed by the researcher entailed places (which were the three campuses of the Lilitha College, namely East London, Port Elizabeth, Umthatha campuses) and the community clinics where the graduates were executing their nursing responsibilities. The researcher then, in this social situation, also looked at people (actors), who, in the case of this study were tutors,

students, graduates and their supervisors. Behaviors (activities), in the case of this study, teaching; learning by students from the first year to the fourth year of study; work performance by graduates; and artifacts, in the case of this study, these entailed the curriculum, teaching guides, evaluation tools for both clinical and theory, minutes of the meetings and policies of the college. All the information obtained during this phase was documented so as to use it when getting to deal with steps of data analysis which involved pure data analysis. During this step of domain analysis, the researcher kept on reviewing the field notes so as to generate concept categories, which were further refined to subcategories.

The researcher then moved to the second phase of data analysis, which was getting "immersed in data" (Speziale & Carpenter, 2003), by devoting a lot of time to repeatedly reading through transcripts and field notes so as to gain a sense of the activities of the members of the studied culture. The pattern adopted for data analysis was to read sentence by sentence so as to get the essence of the information obtained from the participants. As she went through information, the researcher was also mindful of what she had observed and this assisted her in searching for patterns of the culture being studied, as Spradley (1980) indicates that ethnographic data analysis is a "search for patterns of culture" which would lead the researcher to focused observation

Moving from domain analysis, the researcher engaged in focused observations and collected further information through asking questions that were triggered by observations made previously and through use of preplanned questions from interview guides. These further observations and questions led the researcher to have better insight concerning the roles and the activities of the identified people, the artifacts used

in guiding and supporting their activities and the situation where such roles and activities were realized.

The researcher, after engaging in focused observations, moved on to making taxonomic data analysis, which was ensured by in-depth analysis of the previously identified domains in search for larger categories emerging from each domain under discussion. Having identified larger categories, the researcher further analyzed the categories which emerged from each domain so as to generate as many categories as possible from each. The generation of new categories led to the researcher to engage in further observations and ask more questions so as to determine how parts of the culture being studied were related to each other or to the entire culture. This was indicated earlier on, when the teaching of the content and the method of teaching were related to the requirements of the study guide, the outcomes assessment criteria and how these were related to meeting the needs of the people during the process of teaching.

The breaking down of categories from domains was done on separate sheets of paper, after making in-depth observations and repeatedly reading through collected data in order to enable the breaking down and accounting for all large categories identified. The researcher asked more questions after having gone through data obtained from interviews, so as to identify new categories that were not accounted for. The researcher would have asked more questions still, to establish whether people (one of the domains) who were at the observed locations belonged to the larger system of the studied culture. The researcher did not ask such questions due to the knowledge of the situation of the studied culture.

The phase of making selective observations followed after taxonomic analysis and was continued during the next phase of data analysis, which was componential analysis. During this phase, the collected data were further refined by engaging in what Spradley (1980, p.128) terms "dimensions of contrast". This entailed once more looking closely at the collected data and, identified domains and asking questions to distinguish the difference between domains and how categories were related. Engaging in this phase led to the drafting of domains, categories and sub- categories on separate sheets of paper according to their relatedness. Through identifying the similarities, the differences that determined the categories to which data belonged became evident. The researcher asked further questions, still, from the available data to be able to arrive at subcategories from both similar and different categories.

Componential analysis followed selective observations and the researcher looked for units of meaning which were attributes of the culture being studied. Once again, the researcher examined each domain to delineate its component parts and asked questions to identify the dimensions of contrast. A sequential manner of analyzing each domain was used, to identify areas of contrast, as suggested by Spradley (1980). Identified areas were domain selection; inventory of previously discovered contrast; preparing of work sheet: classification of dimension of contrast. . Selective observations were once more conducted in order to further examine data so as to discover missing attributes and to confirm refined classification of categories. The last two phases of data analysis focused solely on analyzing data.

The first phase of solely analyzing data was aimed at discovering cultural themes. To discover cultural themes, the researcher engaged in careful examination of data collected, to identify recurrent patterns of what was done and communicated during

interviews and what was observed in order to identify apparently emerged patterns and those which did not become apparent at any point of the study. Having gone through all phases of data collection and data analysis, the researcher progressed to taking a cultural inventory.

This phase prepares for the writing of ethnography. The researcher continued to work on a pre-designed worksheet to facilitate categorization of the responses provided by the participants. The pattern adopted for categorization entailed breaking information into domains, large categories, smaller categories and subcategories as suggested by Spradley (1980). Identified domains were listed, as were the categories that emerged from the listed domains. Schematic representation of analyzed data in domains, categories, subcategories was continued from the previous phases of data collection and analysis. Emerging themes were also listed. In analyzing data, the focus was on the purpose of the study, which was to explore the concept responsive education and responsiveness of the nursing education programme to the needs of the Eastern Cape population.

The researcher, in analyzing data, also had in mind the conceptual framework that guided the study. In order to address the purpose of the study, analysis of data encompassed asking questions that would give responses which addressed the objectives of the study, which were (a) to explore the concept responsive education within the context of nursing education; (b) to explore the responsiveness to the surrounding communities of the nursing education programme in the Eastern Cape; (c) to discuss the factors that facilitate the production of responsive graduates; (d) to describe the factors that hinder facilitation of responsive graduates; and (e) to describe the characteristics of a graduate who is responsive to the needs of the community. The

information gathered from various data sources yielded domains, categories and subcategories (see provided figure) constituting the culture under study, from which the themes were derived.

Use of Spradley's (1980) template guided the researcher in determining the categories and subcategories which explain concepts that needed to be explored according to the objectives of the study. In addressing factors which are intervening variables that either facilitated or hindered the development of responsive graduates, the researcher listed these under each 'fitting' category. The schematic representation of the domains, categories and subcategories are indicated in Figure 3.1. The following was the presentation of the findings expressed by the participants. The categories and subcategories which emerged were associated with educational, managerial and nursing practice activities. Subcategories which related to educational activities were: curriculum, teaching approaches like Community-Based Education (CBE), Problem-Based Learning (PBL) and Outcomes-Based Education (OBE); competencies acquired by the learners; learning guides assessment tools; assessment strategies; clinical accompaniment; mentoring; set programmes for academic support; English as language medium for tuition; and dominating male students.

The categories and subcategories which were associated with management activities supporting education were transport, selection policy, equipment, human and physical resources, and financial support. Categories and subcategories like National Health Care delivery priorities, professionalism, caring ethos, attitude-related issues like poor interpersonal relationships between college and clinical area staff members were indicated as related to health care delivery practice. Miscellaneous categories included categories like non-acceptance by the community.

3. 9 Academic Rigor

Trustworthiness is the measure that is applied to qualitative research in the place of validity and reliability. Various strategies were used to enhance the trustworthiness of this research, as outlined by Lincoln and Guba (1985), for example:

3. 9. 1 Credibility

This refers to the truth, accuracy or believability of the findings that have been mutually established between the researcher and the participants. Credible research findings are deemed accurate, believable and representative of the participants' experiences and knowledge of phenomena (Lincoln & Guba, 1985; Leininger, 1991). To enhance credibility, the researcher used data triangulation (Polit & Hungler, 1997). This was ensured by using various sources to gather data. The information obtained from one group of participants was cross-checked with the information obtained from the other category of participants. Colleagues who had experience in qualitative research as well as the supervisor were consulted from time to time as the process of data collection progressed, to facilitate the discussion of the process and the results of the study. The participants were also given in-depth explanations pertaining to the study in question, so as to enable them to give appropriate answers when they responded to the questions asked.

3. 9. 2 Confirmability

Confirmability refers to the extent to which the research results are outcomes of the focus of the study, not the biases of the researcher (Babbie & Mouton, 2001).

According to Leininger (1991), confirmability means being able to reaffirm what the researcher has heard, seen or experienced with respect to the phenomena under study. The researcher sought confirmation by giving accurate interpretation of data which reflected data that had been obtained from the respondents during data collection (Polit & Hungler, 1997).

According to Guba and Lincoln (1985), confirmability explains the objectivity of the process of research and the findings which are supported by the data collected. The researcher promoted confirmability by using a tape recorder and transcribing the information provided by the participants as it was recorded. The researcher also ensured that the notes taken were as comprehensive as possible. The researcher's findings were to be shared with the participants and they were to be requested to confirm and articulate what they felt to be inappropriate regarding the information they gave. Data collected was shared with the supervisor, as well as an assistant (experienced in ethnographic research), who was sought to provide comments during data analysis.

3. 9. 3 Transferability

Transferability refers to whether particular findings from a qualitative study can be transferred to another similar context or situation and still preserves the particular meanings, interpretations, and inferences of the completed study" (p114) Leininger, (1999; Morse (1994). To ensure the possibility of transferability of the findings of this study, the researcher provided an in depth description of the purpose of qualitative research as used. Purposive sampling was also used and this provided in-depth discussion and

interpretation of data. Detailed description of the setting and the context of research were provided to enhance transferability.

3. 9. 4 Dependability

Dependability refers to the extent to which similar findings would be obtained through repeated research (Babbie & Mouton, 2001). Lincoln and Guba (1985) describe dependability as a process of detailing reasonable consistency of findings over time and convergence over time of accounts across methods such as, observation, participants, context, data quality checks or audits and peer review of coding. To ensure dependability, the data analysis protocol was developed by following the technique recommended in the method of data analysis in ethnography. The researcher consulted a qualitative research expert (ethnographic) to assist with the interrogation of the data collection process, analysis, and interpretation of data. The research methodology has been described in detail and triangulation of data was ensured as they were obtained from various sources.

3. 9. 5 Conclusion

This chapter gave a discussion of a research design which guided the collection and analysis of data. It highlighted how data were categorized for analysis. The emergence of cultural themes which were specific to the findings of this study was also discussed.

Data Analysis

4.1 Introduction

The findings discussed in this chapter emanated from identified recurrent cultural patterns which were discovered through “immersion” in data collected from information obtained through the use of multiple sources (observation, interviews and documents) in this study. The process of data analysis included identifying domains, categories and subcategories and coming up with cultural themes. Cultural themes led to an understanding of the cultural scene, which was the culture that needed to be discovered in this study. This report therefore presents data analysis according to cultural themes. Responsive education and responsiveness of the curriculum were the main phenomena of focus in this study and thus became the core concepts whose meaning were sought to be understood in order to discover the cultural scene

The analysis of results in this chapter has been guided by the conceptual framework and responds to the five objectives of the study, which were (a) to explore the concept responsive education within the context of nursing education; (b) to explore the responsiveness to the Eastern Cape population of nursing education programmes; (c) to discuss the factors that facilitate the production of responsive graduates; (d) to describe factors that hinder the production of responsive graduates; and (e) to discuss the characteristics of graduates responsive to the needs of the community. The results were presented in a manner that was outlined according to cultural patterns, which addressed the objectives of the study.

4. 2 Conceptualization of Responsive Education

Cultural themes that emerged during the conceptualization of responsive education included: Relevance to community needs; Response to National policies; Community involvement; and Use of health priorities to update the curriculum and produce graduates who are responsive.

4. 2. 1 Relevance to Community Needs

Data sources revealed that responsive education could be conceptualized as education that is aimed at meeting the community's needs. Meeting the needs of the community, was deemed by participants as possible to accomplish through engaging members of the community in health care practices which focused on individuals, families and community needs. Responsive education was indicated as education where learners were taught to be able to identify health needs together with the community members. Joint identification of health needs led to learners becoming sensitive and relevant in addressing such health needs.

It emerged also from some policy makers, educators that, for learners to be able to assist in enabling community members to identify their health problems, they needed to be empowered. Such empowerment would be facilitated by the clinical accompanists who would mentor the learners to develop such skills. During mentoring, the learners would engage in carrying out activities that were aimed at addressing the health needs of the communities. The learners also needed to be guided and supported by the clinical facilitators to acquire the required skills. The mentoring process was made fruitful at the college, because the teachers accompanying the learners had been exposed to training that empowered them to be facilitators of learning in the

clinical area. In instances where the facilitator did not have previous training, her/ his induction to mentoring would take place whilst being engaged in the process of mentoring and this was enhanced by the co-mentors.

It was indicated that learning experiences related to providing care to clients would be based on identified health needs. Basing the care on the need of patients/ clients was necessary to ensure that the students' learning took place in the real situation, which was in the community. Learners would get to families, health care centers and health care organizations like hospices which were available in the communities. Involving the community was indicated as empowering the communities to take control of their own health. It was also stressed that, if learners involved the communities in their activities, they would start to realize that communities were culturally diverse and thus had culturally diverse needs. Health care would also be based on evidence from research on the range of health care problems which prevailed in a variety of environments in communities. In providing such care, learners learned to provide care that was driven by the health needs of the clients, thus making care relevant and responsive to their respective needs. The policy makers and educators also revealed that responsive education did not only address the health care needs, but also addressed the service need. The following represent extracts from some of the participants' responses:

It is education which addresses the needs of the community and service needs of our province. Responsive education is education which is driven by the needs of the communities, it must accommodate the needs of the community, it should involve people, that is; those who learn and the consumers of services.

It is education which is aimed at developing the health professionals who are able to respond to the changing health needs of the people: We teach the students so that they can begin to understand the health needs of the community and thus be able to learn to assist the communities.

It also emerged from the same participants that exposing the learners in the community made them to begin to understand that the communities comprise individuals with varying cultural backgrounds. This means that their understanding of the disease profile would differ. The community members also differ in their way of responding to the health care rendered. Exposing learners to these communities therefore enhanced their understanding of the dynamics of people in opening up to health care given. In this way, whatever care was to be given would be made responsive and merge the peoples' cultural beliefs.

Responsive education is based on the programme that addresses cultural diversity of the community.

One participant stressed that, to meet the health needs of the community; the learners were expected to ensure maximum utilization of the available resources by providing information regarding where these facilities were and how they operated

I teach them about available resources. At times I refer them to these resources when they need them.

In ensuring responsive education the community members would not only be involved in identifying the problems but could be made to deal with them.

4. 2. 2 Responding to National Policies

Responsive education also emerged as education that responds to National Policies of the Department of Health, Department of Education and the South African Nursing Council (SANC). Data sources revealed that responsive education is education following a curriculum which affirms the integration of National Health Care Policy. This policy entails a philosophy underpinning the healthcare delivery system. The policy promotes a paradigm shift in nursing education from curative to promotive health care. This policy also brought about a move towards adopting Primary Health Care (PHC) as an approach to health care delivery and that, in turn, put a demand on the nursing colleges to review their curricula and bring them in line with this policy. Education and training institutions were therefore prompted to provide education according to programmes that comprise reality-based health care delivery as proposed in the 1997 (DOH) Department Of Health White Paper. Responsive education was indicated as education which prepares competent primary health care oriented graduates who are ready to implement a changed health care system, hence the following extract

The aim is to produce a competent, comprehensive and primary health care nurse in an environment conducive for learning... As such it puts emphasis on promotion and prevention of diseases rather than curative hospital based care.

4. 2. 3 Department of Education Policy

According to one of the participants and the researcher's observation, it was revealed that responsive education is education with a curriculum designed according to legal, educational, and professional directives. The school, in designing the curriculum, observed the principles of the Council of Higher Education (CHE) (2002) and the South

African Qualifications authority (SAQA). According to the National Commission of Higher Education (NCHE), responsive education is a new framework established within higher education to educate and train, focusing on societal needs and interests.

Nursing colleges are regarded as institutions that fall under higher education, in designing our curriculum we have taken into consideration the principles which guide education and training. The focus is on fulfilling the societal needs

4. 2. 4 The South African Nursing Council (SANC)

Data sources indicated that the SANC is a professional body responsible for the regulation of the education and training of nurses. As such, this body has the responsibility of giving directives concerning how nursing education should be conducted. It accomplishes such responsibility by setting, monitoring and evaluating the implementation of these academic standards. The participants revealed that the college programme was approved by SANC. This curriculum was designed along the principles of Higher Education. Teaching strategies that were recommended were those which encourage use of learner centered teaching approaches like Community-Based Education and Problem-Based Learning. Adopting the indicated methods of learning was highlighted as making education relevant for the learners to become responsive graduates.

The curriculum is designed in line with the principles of higher education and we have adopted community based education and problem based education as the teaching methods.

4. 2. 5 Community Involvement

According to data sources, responsive education is education which involves communities in the learning programme of the students and in the process of development and evaluation of the curriculum. According to the sources, community involvement means accessing the community by going to homes and working in health care settings like clinics and schools. Participants indicated that they, as a means of involving the community, would make them aware of their presence there and then provide them with the opportunity of being involved in all kinds of discussions and activities that pertained to their health care.

To facilitate the promotion of health, extensive health education was done through arranging activities like awareness days about specific health-related issues, health fairs, and campaigns, for example on immunization, Ante Natal Care, care of chronic conditions and HIV and Aids. During such activities, health education was an important aspect.

When we go to the community we talk to the community members, we share information about the needs of the community.

We make them aware of our presence there and provide them with opportunity to participate in all health care activities. Awareness days, health fairs and campaigns for instance of immunizations

Campus heads and learners indicated that another way of involving the community was to provide opportunities to community health care workers to assist in orientation of learners and staff in existing health care problems in the communities as they happen to have better knowledge of the health status of members of the community. Sometimes community health care workers would be provided with the

responsibility of managing groups of student, because of the shortage of clinical facilitators.

When we do community based education we involve the community by entrusting the community health workers with the responsibility of ensuring that they manage groups of learners, because we do not have adequate number of clinical facilitators.

Some orientation about the health care problems of the individuals in the community is done by the health care workers as they are the best people who know about the health status of the community members.

Active involvement of the community was further indicated as facilitating mobilization and availability of the resources in the community that are required for student learning needs. It was also indicated that this facilitates empowering the communities with the skills essential for identifying factors which influence their health status.

Active involvement of students in an environment which is conducive to learning and rendering of care by students within parameters of National Health Care Plan.

4. 2. 6 The use of National priorities to update the curriculum

Data sources revealed that Lilitha College of Nursing Programmes respond to the needs of the Eastern Cape population. Cultural themes that indicated the responsiveness of these programmes included:

4. 3 The nature of the Curriculum

It emerged from the data sources that the nature of the curriculum in responsive education bears certain characteristics. These include: (a) determinants of the curriculum; (b) focus of the curriculum (community-oriented or community-based); (c) nature of clinical learning sites; (d) nature of learning experiences; (e) the teaching-learning process; (f) the nature of the teacher; (g) the nature of the learner; (h) assessment of learning; and (g) involvement of stakeholders, especially the community.

4. 3. 1 Determinants of the curriculum

The determinants of a curriculum, according to data sources, included national and priority health needs or issues; policies from national health and education departments; the South African Nursing Council, a regulatory body for nursing education; as well as local stakeholders. The National Health Care Priorities were regarded as important components of a curriculum. Participants gave examples of national priorities, which included integration of Primary Health care in the management of Tuberculosis, Integrated Management of Children's Infections (IMCI), HIV and Aids. Elaborating on the inclusion of national priorities, some informants stated that there were times when polio was a national priority and after its eradication it was not covered as part of the content in as vigilant manner as it was done while it was still a priority area. Diseases such as malaria, which are considered a burden in Africa, have a steady trace in the curriculum. The midwifery curriculum includes priorities such as Saving Mothers-Saving Babies and Safe Abortions, because they are priority areas. Mental health involves making reference to community-based psychiatry because of

the move away from institutionalization of mentally ill patients. The following are extracts from the respondents which are in line with this summary of findings;

...Integration of National health Care priorities should be evident in all areas where they can be fitted.

The curriculum has covered issues which are priorities of our department of health in the Eastern Cape and it is comprehensive and well integrated, depicting the picture of putting the primary health as a priority. Primary health care forms the basis at all levels in the programme as it not only a priority in the Eastern Cape, it is one of the national priority areas in South Africa.

The government priority areas have a great influence in a curriculum because now and again it is updated to incorporate new priority issues. Currently our curriculum places more emphasis on health problems such as Tuberculosis, especially Multi-drug Resistant Tuberculosis (MDR-TB), HIV/Aids and we also ensure that IMCI is covered in our curriculum content.

Saving mother-Saving Babies, Safe Abortions, Voluntary Counseling and testing (VCT), Anti retroviral drugs (ARV) are some of the important areas in the midwifery curriculum which are regarded as national priorities. Mental health talks more about deinstitutionalization rather than institutionalization of chronically ill psychiatry patients. This is the influence of the changes in the trends.

National policies and policies from the regulatory body; the South African Nursing Council, emerged in this particular study as other crucial determinants of the curriculum. The Department of Health tabled a White Paper in 1997, titled Transformation of Health Care in South Africa. This White Paper clearly stated the need for health professional's curricula to prepare graduates for serving in a health care system that is based on a

Primary Health Care philosophy. According to data sources, the curriculum content and learning experiences are geared towards preparing graduates for serving in a health care system that is Primary Health Care oriented. According to the participants, Primary Health Care is threaded throughout the curriculum and areas of specialization such as midwifery and mental health have PHC as the basis that is why there is community-based midwifery and community-based psychiatry.

It is mandatory in a curriculum that the content taught enhances implementation of primary health care as PHC forms basis of the health care system in South Africa...

The nursing students in our programme are exposed to a variety of settings which have a PHC orientation focus, for example ordinary communities, to learn about families and communities and prevention of illness and promotion of health at those levels. This is critical in a programme that prepares nurses for a system that supports community-based care and primary health care.

Even our psychiatry has a community-based psychiatry nursing component. The midwifery students have to follow maternity cases from Anti- natal care (ANC) to hospital and back into the community after delivery, because this is what is expected in the new health care system, comprehensive or integrated care which is community-based. This is exciting because it was not done in our time when were students, it is this new health care approach.

The data sources also revealed that the changes in the department of education have impacted greatly on their curriculum to make it respond to the needs of the South African population and workplace demands. According to the policy makers, the nursing college and campus heads the college had to re-curriculate to align its curriculum with Department of Education policies. According to the

Department of Education, all programmes have to strive to achieve critical cross-field outcomes, as stated in the South African Qualifications Authority (SAQA) documents. According to the respondents, programmes should be developed in such a way that they meet the workplace demands; graduates exit with skills or competencies required in the workplace. This thinking challenged the Lilitha College of Nursing to conduct task analysis and analysis of relevant graduate competencies so as to align the curriculum with what is expected in the workplace.

Nursing colleges are regarded as institutions that fall under higher education, in designing our curriculum we have taken into consideration the principles which guide education and training. The focus is on fulfilling the societal needs.

Lilitha College had to re-curriculate, because the Department of Education (DOE) wants all programmes outcomes to cater for what SAQA refers to as Critical Cross-field outcomes. We hated this process, but now we realize why this was important.

When we were re-curriculating we had to engage in an exercise of analyzing tasks performed by graduates and analyze the skills they need to perform those particular tasks. The stakeholders from service helped a lot in outlining graduate competencies and identifying important skills to be developed when preparing our nursing students.

The regulatory body; that is the South African Nursing Council, emerged as another important determinant of the curriculum. According to the respondents, the directives from the nursing council stipulate graduate competencies and important content areas according to national priorities. The respondents gave an example of the 1998 Draft Document from SANC titled "Transformation of Nursing Education in South

Africa". This document stipulated competency-based, community-based education and Primary Health Care (PHC) as a basis for re-curriculation.

The Council in 1998 produced a draft document that served as a guide to us when we re-curriculated. This document directs us to a competency-based, community based and PHC curriculum. This has served as a basis for our re-curriculating.

As nurses we have a body that regulates nursing and this body provides directives as to what should be included in the curriculum. SANC definitely determines what should be in our curriculum. Although they are slow in finalizing documents, the 1998 draft on transformation of nursing education gave us a leg to stand on as we are running a community-based, primary oriented programme.

According to data sources, local stakeholders such as service personnel, non-governmental organizations and community members played a critical role in determining what was to be included in the curriculum and the competencies expected from the graduates. Some of the participants indicated that stakeholder involvement is critical theoretically, but their institution is not fully engaging stakeholders in all aspects of the curriculum; that is planning, implementation and evaluation to ensure that the curriculum is in line with their needs. This was blamed on the inadequate preparation of nurse educators in this area. Some indicated that they know about it in theory but they do not have first-hand experience of how to fully involve stakeholders in their educational programmes. They have seen community members attending meetings, but there was no effort to solicit input from them. Their attendance of the meetings seemed enough, and it made their report look good, because of the list of the participants, not necessarily their contribution to the meeting.

We always invite nurses from service, the representatives from Non-governmental Organizations (NGOs) and community members when we are developing our curriculum, because this is what we were taught when we were doing nursing education. These people are important participants in the process of re-curriculating.

... (laughing) although we do invite stakeholders when we are reviewing or developing a curriculum, we have never encouraged them to contribute substantially so as to give direction to what they want us to include in the curriculum so as to have graduates that are able to meet their service needs.

... getting input from the community and service people is critical, because they know better what is current and what the needs of the service are, but we do not make an effort to assist them contribute to a process of re-curriculating.

Over and above the community members attending the curriculum meetings, it emerged that the nurse educators visit the communities and hold community meetings to share information and identify their needs and expectations of graduates.

4. 3. 2 Focus of the curriculum

The second cultural theme under the nature of the curriculum was the focus of the curriculum. It emerged from the data that the curriculum in responsive education is

either community-based or community-oriented. According to the data sources, the curriculum exposes student nurses to a number of learning experiences in community settings outside the four walls of the hospital or health care clinic. Furthermore, the curriculum content emerges from the local health needs thus making it community-oriented. The data obtained from the respondents did not give a clear enough indication of the duration of time spent by students in community settings to determine whether their training is community-based or community-oriented according to the WHO standards.

I am not sure whether our curriculum is community oriented or community-based because we have never calculated the length of time spent by students in community settings, but the important thing is that the curriculum has to be community oriented.

What I know is that our curriculum is community-based, because the students have to engage in community-based learning experiences, including midwifery, community and psychiatry students.

We use community based education where learners go out to the community and get an opportunity to realize the needs of the community. Community based education permeates the four years of study. This affords them an opportunity of being exposed to experiential learning for the four years on a continuous basis.

Data sources also revealed that the curriculum has a primary health care focus rather than a hospital or curative focus. The rationale for a primary health care focus is that nursing students should be prepared adequately to facilitate health promotion and illness prevention activities. According to the respondents, prevention of illness at a community level is cheaper than treating the disease in a health care centre or hospital.

Our curriculum has a heavy focus on primary health care. We try and socialize our students to the importance of primary health care.

Curative care is expensive compared to promotive and preventive care. The government in South Africa opted for a PHC focus, because hospital-based curative care is very expensive. Our curriculum therefore is PHC focused.

The findings in this study also revealed that the curriculum is integrated rather than subject-oriented (fragmented). Facilitation of learning in such a curriculum ensures that there is integration of subjects from different disciplines to ensure a holistic approach to a presenting scenario. The subjects which are integrated during the learning process include social sciences and biomedical sciences. The problem-focused learning in the curriculum demands integration of subjects.

Teaching using problem oriented scenarios demands that all subjects are integrated during the learning process, for example, when learning about TB identified in the communities we look at the psycho-social as well as economic factors.

The approach in this new curriculum requires us to encourage students to use information from different subjects when they are addressing an issue under discussion.

4. 3. 3 Nature of clinical learning sites

According to data sources, the students are exposed to a variety of clinical learning sites, ranging from primary to secondary and tertiary health care settings. Furthermore, the students are placed in rural and under-resourced community settings

so that they can learn to use what is available. The data obtained revealed that graduate competencies are critical in determining graduate competencies.

4. 3. 4 Nature of learning experiences,

These were mentioned as follows:

- Authentic,
- based on graduate competencies,
- experiential learning,
- under-resourced settings,
- PHC focus with emphasis on health promotion and illness prevention.

4. 3. 5 The teaching learning process

According to the data sources, teaching strategies such as Community-Based Education (CBE), Problem-Based Learning (PBL), Outcomes-Based Learning (OBE) and modular systems of learning were crucial in making the programme responsive. Such strategies were highlighted as encouraging the learners to take control and direct their own learning. They were further indicated as learner-centered, enhancing learner participation, and inculcating in the learners' minds the culture of exploring information for themselves.

Community Based Education and Problem Based Education are used as education and training strategies for nurses in a curriculum whose outcome is to develop responsive graduates

The programme uses mainly Community Based Education and Problem Based Learning. ... The use of the learning approaches which are student focused like Community Based Education, modular system and learning packages encourage self directedness in learning.

Service learning also known as community-based learning has also become one of the important strategies in ensuring that teaching focuses at teaching to be responsive to the needs of the community and provides service to community during their learning process. This is what we are doing in a CBE component.

Nurse educators have just been prepared to facilitate learning using an outcomes-based approach to ensure that our programmes remain relevant to the needs of the service.

Data sources further revealed that the teaching methods in use facilitated active learning with nursing students playing an active role towards their learning. Teaching strategies that were utilized included group discussions, community-oriented problem solving exercises, group work, action research, and small group tutorials. These methodologies facilitated the development of life skills such as team work, communication, collaboration, leadership, problem identification and solving, critical and analytical thinking skills, cultural sensitivity, diversity management, engaging in dialogue and defending oneself professionally. The methods, according to participants, encouraged nursing students to be active participants. They felt that these methods enabled them to engage in academic arguments amongst themselves as well as in discussions with the clients and with all the people they needed to involve in the health care situation.

We use a variety of teaching methods such as group discussions, action research where students actively engage in identification of problems, plan and implement community intervention guided by identified health issues and evaluate their intervention if they met the purpose. These form part of their community-based learning experiences and they facilitate a number of life skills over and above academic development.

...now that you are asking me, I can say group discussions, small group tutorials, group work in community settings promote development of a number of important skills, such as team work, communication, collaboration, leadership, problem identification and solving, cultural sensitivity and diversity management,

Although it has not been measured, we assume that nursing students develop critical and analytical thinking skills during group discussions and small group tutorials ... they learn to engage in a dialogue and defending their work in an academic and professionally manner.

The mission statement on which we base our teaching promotes collaboration, especially intersectoral collaboration, functioning as part of a multi-disciplinary team and community involvement in managing their socio economic and health issues.

It also emerged from data sources that the nursing students during work-based and community-based learning experiences used action research to ensure that a complete cycle was followed after identifying problems that required interventions. The learning process required nursing students to conduct further research on identified

problems so as to understand those problems better and to have an understanding of interventions that had worked in addressing those skills. During this process, the nursing students learned how to use the libraries and identify human resources with skills relevant to assist in addressing identified needs. The nursing students, according to data sources, learn to conduct action research to verify their findings through literature searches and consulting relevant human resources.

Community-based learning uses an action research approach. The nursing students are developed in this area of research. I wish they can realize that this is another type of a research approach.

After presenting problems identified in the community, the student nurses engage in a process of reviewing literature so as to establish the interventions that are used to address identified problems and the relevant people to assist in addressing the issues at hand.

4. 3. 6 Experiential learning

In the context of this study, experiential learning involves an active process of learning occurring in the real life situation. Participants identified experiential learning as one of the teaching methods used in teaching appropriately; to develop the learners to be responsive graduates. It was indicated that learners were exposed to the learning environment in the clinical area. They were then required to identify a client's problems through guidance provided by the clinical facilitators. Facilitators encouraged them to make sense of their own experiences. Learners were made to use their previous experiences in order to create new information.

Experiential learning is one of the important methods to teach appropriately and enhance development of learners to be responsive graduates.

Learners are exposed to learning environment in the clinical area to identify clients' problems through guidance provided by clinical facilitators. Facilitators encourage them to make sense of their own experiences by using their previous experience in order to create new information

4. 3.7 Active learning

Participants revealed that active learning was crucial to support learning so as to produce graduates who are responsive to the needs of the communities. Active learning was described by the participants as learning where learners engaged in discussions, in debates, dialogues, asking questions, solving problems and brainstorming during the process of learning. Being active during learning was explained as leading to deep understanding of the course material as well as long retention of what had been learnt.

Active learning is learning where learners engage in discussions, debates, dialogues, asking questions and brainstorming during the process of learning. It leads to deep understanding of the course material as well as retention of what has been learnt.

During the process of learning the learners engage in discussions, debates, asking questions, problem solving and brainstorming. Active learning helps learners to engage in developing deep understanding of course material.

One participant also indicated that active learning helped the learners to develop some of the skills which were required in learning, for instance creative thinking, creative problem solving skills, a positive attitude towards the material learnt and level of confidence in knowledge and skills.

Active learning also helps the learners to develop some of the skills which are required in learning, for instance creative thinking, creative problem solving skills, positive attitude towards the material learnt as well as level of confidence in knowledge and skills.

Participants further highlighted that active learning was achieved by giving learners some meaningful sets of learning activities. For instance, they were given topics extracted from the subjects they learnt. They were then asked to reflect on those topics and share their thoughts about such topics, instead of being given explanations as would happen in the traditional method of lecturing. This was then indicated as giving the learners opportunity to develop reasoning and thinking skills. Those were some of the skills the learners would apply in nursing practice after qualification.

Active learning is achieved by giving learners some meaningful sets of activities for instance; they are given topics extracted from their learning material to reflect on. They are then required to share what they think about such topics. No explanation would be given to them as is the case in the traditional method of lecturing.

It was also revealed from data sources that the other way of actively involving the learners in learning was to make them compile journals on their experiences, like the family surveys which they conducted during community-based learning. This enhanced active engagement of learners in trying to make sense and gain better insight into what they were expected to learn in such an active engagement.

One other way of ensuring active learning is to make learners ... conduct family surveys during their exposure to the community and document their experiences in the journal. This would enhance making sense and give them insight of what they learnt during such an experience.

4. 3. 8 Problem oriented learning

According to data sources, problem-based learning was also regarded as important in supporting learners to develop relevant skills. This encompassed exposure of learners to problem solving. It was indicated as being accomplished through assisting learners to identify real problems and articulating these problems. Learners would then be required to work on those problems by consulting each other and engaging in discussions in an attempt to come up with appropriate solutions.

The learners would further brainstorm the ideas and decide on what to do to solve the problems during their exposure in the community. The skills of working as a team and problem solving were developed during consultation and discussion in this kind of learning. Those were some of the skills that would be required during nursing practice after the learners have graduated.

Problem Based Learning is important in supporting development of responsive graduates. We assist the learners to identify and articulate these problems. We ask them to work on them by engaging in consultation and discussions with other learners. We encourage them to brainstorm and come up with ideas of how to solve the problems.

4. 3. 9 Group-based learning

In the context of this study, group-based learning is learning which involves learners to learn as teams. Participants indicated that learning as a group was generated when they were in the community. Learners would be involved in group discussions as it occurred when they were in the pre-clinical conferences where they planned for daily undertakings in the community. They would do so also in post-clinical conferences as they shared information on their daily experiences in the community.

Learning of students as a group is generated when they are in the community. Learners are involved in group discussions as it occurs in pre-clinical conferences as they plan for the day's undertakings in the community. During the post-clinical conferences they engage in group discussions to share the information regarding their experiences in the community.

Participants revealed that group-based learning encompassed students learning from each other. It was indicated as providing an environment which facilitated interaction and contributions by all learners. It was also further indicated as a rich learning environment and as enhancing the development of team work, communication and interpersonal relationships. These skills are amongst the skills that

graduates are required to achieve for application in nursing interventions in their nursing practice.

Group-based learning encompasses learning of students from one another. It provides [a] rich environment which facilitates interaction and contributions by all learners. Group learning also enhances development of teamwork, communication and interpersonal relationships.

4. 3. 10 Self-directed learning

According to the context of this study, self-directed learning is learning in which the learners take an active role in planning for their learning. This entails taking the initiative in identifying learning needs, setting goals for learning, identifying resources for learning, selecting and implementing learning strategies, and evaluating the learning outcomes. Self-directed learning creates successful learning and promotes lifelong learning.

Data sources indicated that self-directed learning as a method of learning was adopted at the Lilitha College of Nursing to support responsiveness in their learning programmes. Participants revealed that learners engaged in self-directed learning with the assistance of nurse educators. Data also revealed that it was facilitated by using Community-Based Education and Problem-Based Learning approaches. The learners were helped to locate the learning sites. These sites entailed specific communities which were adopted by the college to be used for field experiences of the learners. The choice of communities was determined by the levels of health care needs and health problems of those communities. It was also further indicated that learners were given

guidance and support in setting goals for learning. The goals were indicated as being formulated on the basis of content supposed to be covered at each level of training.

The Lilitha College has adopted self-directed learning to support effective learning. Learning is going to support the programme to produce graduates with relevant skills that will make them responsive to the needs of the community.

Community based education and problem based learning were adopted to facilitate implementation of self directed learning.

Educators assist learners in locating the communities for the field learning experiences. They also guide and support learners in formulating their learning goals which are mostly compiled from the content relevant at each specific level of training.

4. 3. 11 The nature of the teacher

According to the participants, an educator who is suitable for implementing a responsive curriculum, should be skilled in identifying community settings, negotiate community entry, and develop a sustainable relationship with the community. This educator should also be able to mobilize resources such as transport, identify aspects to assist with community interventions and serve as a resource person for the students.

4. 3. 12 The nature of the learner

It emerged from the participants that the learners in a responsive curriculum have to be an active learner. They should embrace the principles of adult learning which encompass taking responsibility for their own learning, have an ability to build on their

previous experiences, strive for independence during their learning process and be able to utilize learning opportunities with the realization that they can have best benefits from them.

4. 3. 13 Assessment of learning

Data sources revealed that a variety of assessment approaches were used, namely continuous assessment, authentic assessment, performance-based assessment and competency-based assessment.

4. 3. 13. 1 Continuous assessment

The participants revealed that a process of assessment was conducted throughout the process of learning. This was done to ascertain whether learning had taken place. Continuous assessment was conducted for developmental purposes to establish whether nursing students were attaining specified learning outcomes. The feedback provided during continuous assessment allowed the students to improve their performance. This form of assessment was more marked in clinical learning. The clinical facilitators then took along the clinical evaluation tools so as to check against the criteria of the nursing interventions the learners would be performing. By so doing, the facilitators were in a position to ascertain whether the learners were competent or not in their performance, by determining which criteria had been met. In cases where the learner did not meet the criteria of a particular nursing intervention, the learner was made to repeat the intervention until she / he became competent in it.

Assessment of learner's clinical performance is undertaken on regular basis to ascertain if the learners' clinical skills are developed or not. We ensure this by going to the clinical area with the clinical evaluation tools so that we can check against the criteria in the tools if the clinical skills have been attained or not.

In cases of failure by a learner to meet the criteria of a specific nursing intervention he/ she is made to repeat the intervention until she becomes competent in it.

According to the campus heads and the nursing college head, marking of assignments and tests that form part of continuous assessment should facilitate the learning of the student nurse. It should not be used as a way of punishing the student, as in the past. Nurse educators are expected to give constructive feedback that will assist the student nurse in improving his/her results.

... The same applies when they are writing a test or an assignment, we have to give constructive feedback that will give a clear direction to the students nurse on what to do so as to improve his/her academic performance.

Gone are those days where nurse educators used red pens to disqualify the students without even giving proper feedback that will inform learning of the student. The school policy demands that we give feedback that will facilitate learning rather than destroy the student.

4. 3. 13. 2 Authentic assessments

Respondents indicated that authentic assessment conducted in real life settings or settings that resemble real life environment were used in their programme. The students were assessed continuously in all the activities they conducted in community settings. The student nurses were made to identify what they regarded as the health needs or problems of the clients/ patients and produce a report that was evaluated. They were then required to plan and implement relevant community-based health interventions and compile a report of the whole process. Assessment included observation of students engaged in a process of implementing a community intervention and assessment of the report compiled by the students on planning and implementing a community-based project.

The nursing students had an opportunity to conduct individual and group interventions. For instance, during a family study a student might come up with a diagnosis of obesity, a baby that is overweight. The student nurse would then plan and implement a relevant intervention in partnership with the family. After this exercise, the student would have to document the process and produce a report to be assessed. The student nurse might give health education on appropriate baby feeding, the amount to be taken at a time, frequency of taking meals and also alert the parent about the dangers of overfeeding and assist the family in developing a dietary plan.

Our programme uses heavily authentic forms of assessment combined with continuous assessments. The students are assessed through the learning process. They produce reports after each activity which is marked by the nurse educator.

Learners are made to identify what they regard as health needs or problems of the clients/ patients in the real life settings. They should then be made to come up with what they think are major issues or problems and decide on the appropriate interventions. All these activities are assessed by nurse educators as [a] form of continuous assessment in real life settings.

We believe that the students should learn by performing nursing interventions in real life situations and be assessed during this process. It can be done in [the] form of providing a learner with an opportunity of giving health education as a necessary nursing intervention and then be examined on that part.

4. 3. 13. 3. Performance-based assessment

It the context of this study, performance-based assessment relates to actual assessment of learners as they practically implement the nursing interventions in the clinical settings. The participants revealed that learners were made to perform any nursing intervention in the presence of their peers. The purpose of ensuring that peers were present was indicated as to provide an opportunity for them to observe and comment on the performance of their colleague. This would be an opportunity for the facilitator to realize mastery of knowledge and skills by the learners who did not necessarily perform the nursing intervention. Learners were also assessed on how they were performing through Objective Structured Clinical Assessments (OSCEs). In doing so, the facilitators looked at the application of pre-learned theory to the performance of a skill. During the process of performing, the learner was observed regarding how he/ she conducted him-/herself and related to the patient/ client. This was an attempt to assess the development of the skill, attitude and professional values required in performing a certain skill.

The learners are made to perform the skills to their peers during the learning process until they develop to a competency level.

During their performance of a particular skill, we assessors look for evidence of integration of learned theory to the skill performed. We assess the students on how they actually perform the skills (psychomotor skill) and how they conduct themselves and relate to clients/ patients to assess the development of attitude skills.

Our school uses OSCEs to assess the performance of skills. We believe in observing the students engaging in the process of demonstrating back to us their level of competencies in performing required skills.

The OSCEs are used throughout the programme as nursing is a skills based practice.

4. 3. 13. 4 Competency-Based assessment

The data sources also revealed that competency-based assessment is used by the Lilitha College of Nursing. According to data sources, competency-based assessment entails assessment of relevant knowledge, skills and attitudes. It is evidence-based assessment in the sense that, when a learner is assessed, attainment of the competencies in the three domains of knowledge, skills and attitudes should be explicitly evident. Competency-based assessment is concerned with the development of the skills that people can perform. Participants revealed that they engaged their learners in this kind of assessment to discern whether they had developed the skills

which were going to make them competent in responding effectively and relevantly to the needs of the communities after they graduated. It was further stressed that, before embarking on the process of assessment, the tutors clearly explained to the learners the competencies which they were required to attain in order to be responsive nurse practitioners. This form of assessment has resulted from a paradigm shift to the outcomes-based/competency-based curriculum that was adopted by this college.

We conduct competency-based assessments. For example we started by determining the competencies to be learned by the students across the four levels in the programme. We then developed assessment instruments that evaluate achievement of these stipulated competencies at the end of each level.

... For example, we assess students whether they are competent in conducting a family study, community needs assessment, planning, implementing and evaluating a community project.

Competency-based assessment is used to assess whether knowledge, skills and attitudes have been acquired by learners, because consumers need competent nurse practitioners not theory overloaded nurses.

Before engaging in the process of assessment, a clear explanation is given to the learners regarding the competencies they need to develop for them to be competent. Learners have to be aware that to develop competencies they need to be engaged in actual performing of the nursing interventions.

Participants further revealed that learners were fully involved in the process of assessment. The tutors allowed learners freedom to negotiate the manner in which assessment might take place. Learners were also made to know the assessment procedure as well to ensure transparency in assessment. The actual performance was

ensured by having assessment instruments with criteria against which learners were assessed. Assessment was indicated as taking place in a variety of situations and contexts, for instance, it could be in a real or simulated situation in community facilities like clinics, in hospital-based situations or in the community.

We involve the learners in the process of assessment. They are made free to negotiate the manner in which it needs to be done for instance some of them might prefer it to be done in a simulated environment as they often say that patients at times become difficult and thus affect their degree of performance.

Before embarking on the actual assessment learners are made to know the procedure to be followed when conducting the assessment. Performance of the learners is measured by using a tool with a list of criteria against which the performance of the learner is determined. A range of situations and contexts are used for assessing the students.

Assessment can take place either in the community, clinics and hospital procedures can be simulated or real.

4. 4 Intervening variables

Some of these variables emerged as facilitators of responsiveness of the college's programmes and others as barriers to responsive education and production of responsive graduates.

4. 4. 1 Facilitative variables

These were indicated by the participants as including student support, student accompaniment,

4. 4. 1. 1 Student support

Student support as a subcategory of a cultural theme emerged as a strong component in the Lilitha College of Nursing curriculum. A variety of student support mechanisms were identified. These included student accompaniment, a mentoring system, and psycho-social, financial and academic support.

4. 4. 1. 2 Student accompaniment

According to this study, student accompaniment means going along with a student. It means availing oneself to learners in the clinical settings where learners are further developed in cognitive, psychomotor and attitude skills, instilling also in them the values of the profession. It is an endeavor embarked on so as ensure that learning is taking place effectively in the clinical area. It is also an attempt to ensure that the environment in which learning is taking place is conducive to their academic development. Participants indicated that all tutors at the college engaged in accompaniment of learners. They did it in such a manner that the tutors ensured application of their respective subjects and those were integrated with the subjects from other disciplines. The role of a tutor as an accompanist was to check whether facilities, resources and equipment were available for use by learners during their experiential exposure. Facilitators also ensured that learners were placed in relevant clinical areas for effective correlation of theory with practice. They also facilitated achievement of the objectives and ensured that these were available and known by everyone in the unit. In a situation where the equipment was not available, the college secured means to provide it. A good example of this was when they went to the

community. They took along what was known at the college as "Bag packs" by which they provided things like stethoscopes, blood pressure machines, a lactometer, dressing packs, bandages, a First aid kit, etc.

All tutors of the college are involved in student accompaniment. They ensure application of the subjects they teach as well integration of these subjects with other subjects from other disciplines.

The tutor's role in accompaniment is to ensure that facilities, resources and the equipment are made available for support of students' learning.

Where equipment is unavailable, the college provides this, for instance in cases of clinical exposure in the community. 'Back packs' provide equipment like dressing packs, blood pressure machines, machines for blood sugar estimation, bandages and First Aid kits, etc.

Participants indicated that, in the actual process of accompaniment, the tutors supervised and monitored the learners' clinical practice. They then gave the necessary guidance; corrected any faulty practices, assessed and evaluated to ensure development of competency and proficiency by the learners. The educators gave the relevant support, for instance, encouraged and reinforced good practices. Where learners had problems in performance of nursing interventions they let them repeat those interventions until they reached the required level of competence.

The practice of learners is monitored; supervised and necessary guidance is given. Where learners encounter problems in their practice they are corrected. Assessment and evaluation of practice is done to ensure that the learners are accompanied to a point of competency. In cases, too, where learners have problems in performing the nursing interventions they are made to repeat them until they master the skill of performing them.

One participant articulated that demonstration of the nursing interventions by the learners to the clinical facilitators was a way of assessing that the development of clinical skills was taking place. This was further encouraged to be done in the presence of other learners to provide peer group observation and critiquing of performances. It was believed that peer assessment and critique was better accepted by the learners. It also improved their performance as they did not wish to do badly in the eyes of their colleagues.

During accompaniment we encourage that the learners should demonstrate back the nursing interventions that were learnt. This is encouraged to be done in the presence of other learners, as it is believed that the criticism done by the other learners [is] readily accepted and encourages them to do their best as they would not like to be seen by their peers [as] performing badly.

Some participants further indicated that they wrote reports on the learners so that they could have something to reflect on to ascertain whether the particular learners had attained the required skills.

Reports are written in the documents known as "Learning experiences" so as to provide some kind of record of the performances of learners in order to have something to reflect on so that we know whether the learners have reached the level of competency in their practice

4. 4. 1. 3 Mentoring as process of student support to facilitate learning

Mentoring is understood in this study as a process of assisting a learner to learn effectively. In mentoring, learning occurs within a close relationship between a learner

and the one who conducts the process of mentoring. Mentoring is a process which takes place in nursing, in a classroom as well as in the clinical setting, be it in a hospital, a community facility or in the community.

Participants revealed that, at the Lilitha College of Nursing, mentoring was one of the crucial factors that supported learners during the process of teaching and learning. Participants indicated that mentoring was accomplished, firstly, by the facilitator of learning creating a relationship with a learner through doing explicit explanation of the purpose of the process so that the learners fully realized the expected academic responsibilities. A good relationship was indicated by the participants as the crux of the whole process in order to be facilitated effectively.

Mentoring is one of the crucial factors that support learners during the process of teaching and learning. "We first ensure that we create a good relationship with the learners in order to ensure that the situation is conducive for them to engage in assisting them, learn both in the classrooms and in the clinical settings The purpose of mentoring is explained so that they realize their responsibilities and expectation during learning.

It was revealed by participants that they helped learners to master the theoretical component by ensuring that it was applied to practice. If learners were not in a position to do so, mechanisms were employed to assist the learners, for instance by learners being given extra tutorials or tests and assignments. This was done to ensure total comprehension of what was learnt. It was further indicated that, in the case of ensuring acquisition of clinical skills, the principle of providing extra time for practice and close monitoring of the progress was ensured.

Learners were enabled to master the content learnt by ensuring that they applied it to clinical practice. In cases where they did not cope, tutorials, extra tests and assignments were employed. One participant also mentioned that they acted as counselors during the process of mentoring in order to deal with problems that might have been encountered by the learners during the process of learning. The facilitators and the learners acted jointly to solve problems.

In cases where the learners have problems in mastering their academic responsibilities, we join hands with them to look for solutions of such problems.

One other participant also indicated that they acted as role models for learners to emulate, especially in the area of professionalism, ethics, responsibility and accountability. It was felt that, if they were given such kind of support, they would be in a position to develop and become competent graduates who were responsive to the needs of the community.

To act as role models for the learners to copy from is one of the crucial aspects of mentoring, because the learners have to know all of these things which are required in the profession.

4. 4. 1. 4 Academic support

Participants indicated that academic support was one of the factors that facilitate learning to ensure production of responsive graduates. Participants revealed that they had structured programmes which were set to enrich and support learners who were not coping well with the content of their learning. These programmes ensured

that learners received extra tutorials. They were sometimes provided with individualized attention where they were given extra tests and assignments as individuals. At times they were taken and assisted in small group discussions. One participant indicated that they were also assisted in learning by the ward sisters and the nursing assistants on areas of practice where they identified deficits on the part of the learners.

We have a structured programme for remedial work to support the students who do not cope with their work where learners are given extra tutorial. Sometimes learners are given individualized attention where they would be required to write extra tests and assignments. Small group discussions are also conducted.

Tutors too, support the learners, they look at individual needs of the students, they also group them and set aside time during which they can be attended [to] for their individual problems. Some sisters in the wards would teach us. The people that also did a lot of teaching of what I did not know were nursing assistants (graduate).

4. 4. 1. 5 Psycho - social support

It emerged from participants that learners, at times, became stressed because of the challenges posed by the amount of academic work they needed to master. Participants further indicated that stress was caused by personal private problems, in some instances. In such instances, learners were advised to look for the lecturers they felt comfortable with and confide in them in order to relieve their tension. It was also mentioned by participants that, in situations where the learner's problems were serious, the help of professional counselors was sought.

At times learners do not cope with the challenges posed by the amount of work they have to do and as a result become stressful. In some instances they have personal problems. We advise them to confide in any tutor they feel comfortable with in order to relieve their tensions. Where problems are of a serious nature we refer the learners to professional counselors.

4. 4. 1. 6 Financial support

Participants indicated that learners were assisted financially to cope with their learning needs. They all received a monthly stipend from the Department of Health to support their learning needs.

Yes, all learners in this programme are given a financial support which is from the department of health in order to provide for their learning needs. They are provided with a monthly stipend.

The school's budget too, was explained by one participant as adequate to facilitate community-based education.

Our budget constitutes a large amount of the finances that are allocated to run the college, although we do not get it as separate entity. It is more than a million rand. It is also adequate to facilitate community-based education

4. 4. 1 .7 Collaboration with the stakeholders and the government

4. 4. 1.7. (a) The Government's contribution

Participants highlighted the government's support as enhancing effective education of learners at the Lilitha College of Nursing. The government was indicated as having put a substantial amount of money in the college's budget earmarked for providing transport to support community-based education. As the college did not have buses, money budgeted would also be used to hire private buses.

Our programmes are supported by the government. They include a substantial amount of money to support Community Based Education. Since the college does not have its own transport we are able to hire private buses.

4. 4.1.7. (b) The stakeholders

Participants revealed that the stakeholders who participated in the programmes to facilitate learning included the service personnel, clinics and the community. Those stakeholders participated in teaching of students as they were allocated to various clinical settings. It was highlighted that they took part in ensuring accompaniment and that mentoring of learners was done. To facilitate teaching at the services and in the clinics, the facilitators provided those areas with the placement objectives which spelled out the nursing interventions learners needed to acquire at particular periods of their placements in their areas. Participants further indicated that stakeholders in the community who were often involved in teaching the learners were Community Health Care Workers. Those Community Health Care Workers orientated the learners in how to

do family surveys and about families who had individuals with health and social problems that warranted special attention.

Stakeholders like personnel in the service, at the clinics and community participate in facilitating learning. They are provided with placement objectives which clearly indicate what needs to be covered by the learners during their placement in these areas.

Community health care workers as stakeholders participate by orientating the learners. Regarding conducting family surveys and about families who have serious health care and social problems.

It was further indicated that stakeholders (especially those who serve in the College Senate, College Council and Campus Boards) also participated in informing the curriculum of the college with their inputs during development and curriculum reviews. The neighboring schools in the local communities provided opportunity for students at various levels to give health education on current problems like HIV and AIDS, as well as when there was an outbreak of a particular disease, for example cholera, which is one of the frequent health problems in the Eastern Cape.

The stakeholders who also participate in our programmes are those community members who serve in committees like College Senate, College Council. These people have vital input to our curriculum during its design and evaluation.

4. 5. Inhibitory Variables to responsive education and production of responsive graduates

4. 5. 1 English language as a medium of instruction is a problem

English is the prescribed language of tuition in the education of the nursing students. As such, it is crucial that learners be able to express themselves in writing and speaking. If it has not been mastered at the lower levels of learning, the language creates problems in facilitating learning. Inability of learners to express themselves was highlighted as one of the variables which serve as barriers to the production of responsive graduates. One participant revealed that the majority of students in her particular campus came from the rural areas. They were therefore from disadvantaged schools with the kind of education which was deemed poor. These learners were identified as having a problem in expressing themselves in English. This was very unfortunate, since this language happens to be prescribed as the medium of instruction. The same participant indicated that learners at times struggled to understand and comprehend some of the basic language concepts. Some of them even failed to express themselves during learning and when they were assessed. The approaches of learning that are recommended nowadays require active learning by learners. They have to discuss debate issues, share ideas and engage in dialogues. Such students became withdrawn during such sessions and learning was a very uncomfortable experience for them as they could not express themselves, even amongst their peers. This therefore, was regarded by the participants as a deficit in adequate acquisition of expected competencies to enable learners to be responsive graduates on completion of training.

Since greater part of our area is mostly rural, our learners come from schools that do not give good learning background and as a result of that most of them have a problem in understanding English, which is a medium of instruction. Some of them even fail to express themselves even amongst their peers during discussions, debates and dialogues when they need to be engaged in active learning sessions.

4. 5. 2 Overloaded curriculum

One participant indicated that proper learning by the students was hindered by a curriculum which was overloaded with content that demanded the mastery of a massive amount of theory. Learners also had a lot of content which they needed to relate to practice during their experiential learning. The same participant mentioned that the content of subjects in nursing requires specific jargon for the profession. This comprises unfamiliar and difficult words to pronounce and remember, especially for someone who is new in the profession. This denies the learners the opportunity to understand what they need to learn. It further hinders development of the required skills. Learning become ineffective and therefore production of competent and responsive graduate might be hindered.

In the opinion of the same participant, Regulation 425 of February, 1985, as amended, which prescribes the duration and the content of the course, does not afford learners an adequate period of time to master the content and the skills required. Learners are allowed a very limited period of training, compared to the amount of content and the skills they have to acquire. According to this participant, the learners might not really acquire all the skills for all the qualifications they exit with from the

programme. This participant articulated that graduates felt that they were 'blank' after qualification.

Regulation R425 of February, 1985 as amended came up with a training that makes the curriculum to be overloaded to be managed by learners who graduate from it.

This programme makes them to spend very minimal time in the clinical area to master the skills required for the qualifications they acquire from training. It makes the learners feel blank when they graduate.

4. 5. 3 Difficult terminology used in nursing

Various professions have their specific jargon which is used to explain aspects within the profession. So does nursing. One participant revealed that students had encountered problems in coping with their work due to the difficult terminology used in the content of nursing during teaching. This participant indicated that learners battle for a long time to master those unfamiliar and complicated words.

Nursing terminology is too difficult to master. Learners have expressed some problems in coping with their work due to difficult terminology used in the content of nursing during teaching. Learners battle for a long time to master these unfamiliar and complicated words.

4. 5. 4 High rate of absenteeism

Participants highlighted the high rate of absenteeism as another hindrance to effective teaching and learning. Such absenteeism was indicated as being most

marked when learners had to engage in experiential learning. Participant further indicated that learners become 'loose' when they were in the clinical area and this made it difficult to control them. Absenteeism was regarded as depriving the learners of significant time they would spend in the clinical area for experiential learning in order to acquire the required skills. Such skills were the ones that were deemed crucial to make them responsive graduates.

There is high rate of absenteeism marked when learners have to engage in experiential learning. This deprives the learners of significant time they would spend in the clinical area for their experiential learning in order to acquire skills.

High rate of absenteeism is another factor that hinders effectiveness of the programme, because this robs the learner's vital time of exposure to the clinical area that would help develop their skills.

Students are "loose" in the clinical area and there is a high rate of absenteeism, this deprives the learners of vital time of exposure to the clinical experience that would enhance development of their skills.

4. 5. 5 Dominating male students

One participant indicated that the programme was dominated by male students who exhibited the kind of behaviour which was very difficult to control. Their lack of discipline led to learners failing to apply themselves seriously to their school work, and thus possible failure in becoming properly developed.

The majority of our students are males, having them dominating, is giving us a problem, because it is difficult to control their behaviour.

4. 5. 6 Large groups of students

One participant revealed that the amalgamation of colleges had led to the number of students per intake increasing grossly. This made it difficult to ensure sound teaching and learning. It was difficult to reach out to all the learners during the process of teaching and learning. When teaching, it was also not easy to readily identify the weaknesses of learners. The same participant further indicated that the large groups of learners affected effective acquisition of skills when the learners were in the clinical area. Clinical facilitation was not effective, because it was not possible for the facilitators to reach out to all these students for guidance and support each time they were out in the clinical area. Exposure of learners to the clinical area was meant to ensure that they developed knowledge, skills and attitudes through application of pre-learned theory. If this was not relevantly and effectively done, then learners might have lost the opportunity of developing the skills required for them to be responsive graduates.

The amalgamation of colleges has led to large numbers of student intake. This makes it difficult to reach out to all the students during the process of teaching and learning. During teaching it is also not easy to identify the weaknesses of the learners.

There is also difficulty in accompanying learners in the clinical area due to the large numbers of students. Once more each time the facilitators go to the clinical area they are not in a position to reach out to each and every student, because of these big numbers. This denies the learners to be guided and supported during their learning.

4. 5 .7 Lack of mentorship In the clinical area

One participant revealed that there was lack of student mentoring in the clinical area. This was attributed to groups of learners being too large, staff shortage and a high rate of absenteeism by learners. The same participant indicated that, when clinical facilitators got to the clinical area, they were overwhelmed by these large numbers of students and were not in a position to see each learner on a regular basis.

There is a lack of mentoring in the clinical areas; this is attributed to large groups of students and shortage of staff. There is difficulty in the accompaniment of learners to the clinical area due to large groups of learners.

Because of the high rate of absenteeism, mentoring was not effectively done as some of the mentees were not present in the clinical area. In some cases, even if learners were available in the clinical area, unit sisters, who also contributed towards mentoring of students, would not be in a position to do so, because they were short staffed. This compelled them to concentrate on their core business, which was patient care. This denied the learners the opportunity of exposure for the development of skills.

Mentoring is inadequate in the clinical area due to [the] high rate of absenteeism. Even if the learners would be in the clinical area, mentoring is lacking, because of staff shortage. The unit sisters who are also expected to mentor students are unable to do so; they only manage to concentrate in their core business.

One graduate participant also expressed lack of mentorship as one of the factors that hindered their learning. She explicitly explained that it was lacking. She indicated that nurse educators do not mentor learners. All they do is to go to the clinical

area for the purpose of assessing them to obtain clinical evaluation marks for the examinations.

In the wards, to be honest, we were not mentored by the tutors. They would come only when they wanted to evaluate us so that they have marks for the examinations. Some graduate participants revealed that much as mentoring was done to support their learning, they indicated that there was no provision made to support learners who did not cope with their work.

Mentoring was done by the tutors... For the learners who did not cope with learning, there was nothing done.

4. 5. 8 Unavailability of transport

Participants revealed non-availability of transport as one of the factors which prohibited the curriculum to be responsive to the needs of the community. Since the approaches to learning were community-based education and problem-based learning, transport had to be available to facilitate transportation of learners to the communities for learning experiences. Failure of students to go to the clinical settings in the community, led to losing valuable time they would spend in the clinical settings for acquisition of the required skills.

Since they do community based education there is a problem of transport at times. Sometimes the transport is not available when we need it.

There are also some problems with outcomes based education as sometimes we do not have transport to take the students to the communities.

Since they are doing community based education, they sometimes are not able to come to the clinics and the community, because they do not have the transport.

4. 5. 9 Lack of resources

Resources and facilities are crucial in making the clinical area conducive to learning by students as they are accessories which support the performance of activities involved in patient care in the clinical settings. One of the participants cited lack of resources and equipment in the clinical area as some of the factors that affected effective learning to produce responsive graduates. This made it rather difficult to perform some activities which were geared towards assisting in the development of competencies deemed necessary to produce responsive graduates.

Lack of resources e.g. equipment sometimes hinder them (the learners) to learn effectively

4. 5. 10 High staff turnover

Participants highlighted the high rate of staff turnover as one of the factors hindering the programme in being responsive. It was indicated as quite disturbing, as it caused students to keep on changing teachers and having to adjust them to ever changing teaching styles by different teachers.

There is high staff turnover. This is disturbing as it makes the students to keep on changing teachers and having to adjust to the ever changing teaching styles by different teachers.

High rate of staff turnover was also indicated as impacting negatively on student accompaniment as no tutors would be available to accompany and mentor the learners in the clinical area.

The rate of staff turnover is high and this impacts negatively on learner's accompaniment as there would be no tutor available to accompany and mentor the learners in the clinical area.

4. 5. 11 Lack of professionalism

Professionalism includes the principle of values within which the nurses have to do their work. The nurses have to practice within the norms prescribed by the profession. One norm of the profession which is crucial to patient care is to give quality care. According to one participant, lack of professionalism by their students was one of the barriers which hindered the production of responsive graduates. This was associated with the difficulty of controlling their behaviour and shaping it to be acceptable in the profession. Examples of such behaviour were associated with the high rate of absenteeism.

Restoration of professionalism to our students needs a lot of reinforcement. Their behaviour needs some shaping to be ... acceptable to the profession. It is difficult to control their behaviour. They absent themselves from the clinical area where they would acquire skills to enhance delivery of quality patient care.

4. 5. 12 Lack of caring ethos

In the context of this study, the ethics of nursing is described as a philosophy of caring .It involves full-time commitment of caring for human beings. The crux of such commitment is the use of knowledge integrated with the skills, attitudes and values of the profession in order to give valuable service to the community. Ethics is vital in nursing, because it encompasses the rendering of services to the communities with respect, justice, kindness, humility and dignity. One participant in this study revealed that the issue of ethos was lacking amongst some of the learners at the college. Some learners did not show any commitment in what they were doing. She indicated that, if they had such commitment, it would be important to them to ensure that they did not absent themselves from the clinical area, because this was where they would get an opportunity to development their skills. If they had any commitment to nursing, which they had chosen, it would be crucial to them to ensure that they acquired the skills which would make them responsive to their communities.

The issue of caring ethos is also one of the problems. It needs to be instilled to our students. Some students do not show any commitment in what they are doing. If they had it they would not absent themselves from the clinical area, because this is where they get opportunity to be developed in the skills they need to acquire which are going to make them responsive graduates to serve the communities relevantly.

4. 5. 13 Poor Interpersonal relationships between the college and the clinical area staff

One participant revealed lack of interpersonal relationships between the college and service area staff as one of the factors which hindered responsiveness of the

education at some campuses of the college. This participant further indicated that such a negative relationship created an environment which was not conducive to proper learning. If learning was not effective, then the learners might not necessarily have acquired the skills they needed to be competent to respond to the needs of the communities of the Eastern Cape.

There are poor interpersonal relationships between the college staff and the service area staff at some campuses of the college and this impedes proper mentoring of the learners by ward sisters. Such negative relationship impacts negatively on the products of this programme.

4. 5. 14 Non-acceptance by the community

One participant mentioned that the community members sometimes did not accept the notion of their community being used by the students to implement community-based education. Those community members complained that the presence of the nurses in the community sometimes interfered with some of the means they used for raising money for their survival. In this case they gave the example of engagement in selling dagga. The same participant also revealed that the community members also indicated that the nurses in some instances did not listen to the community members. They would come and impose on the community, by indicating unilaterally what they felt were the priorities in developing the communities concerned. This participant indicated that, if they were rejected by the community, they were delayed in using the community as the clinical setting for the exposure of learners. This would oblige them to look for an alternate community. Doing so was not an easy venture, because gaining entry to a community was a long process on its own.

Sometimes there is non acceptance by the community and therefore you become compelled to leave that one and go somewhere else to establish a new working relationship and partnership.

The members of the community do not accept us, because they often say that we interfere with their means of raising money for their survival, for instance some of them sell dagga for survival. At times they say we impose on them. We come up with implementing of programmes which are not their priorities needs.

4. 6 Competencies of graduates

The conceptual framework of this study has depicted the following as examples of the competencies which determine responsiveness of graduates from a responsive curriculum. These include health education; collaboration of activities; client advocacy; resourcefulness; and tailoring of care. However, data sources in this study highlighted a range of competencies indicated as produced by a programme deemed responsive to the needs of the surrounding communities. These competencies were regarded by the participants as distinguishing characteristics of responsive graduates and they entail the following:

4. 6. 1 Leadership and management skills

Participants felt that leadership skills would also enhance integration and collaboration of activities with other multidisciplinary health care team members. This would then afford the learners an opportunity of developing such competencies when they graduate. Leadership skills were further highlighted by some of the participants as

enabling the graduates to have insight in managing diversity and coping with change and enabling them to assess and analyze situations, plan their activities and also become good organizers of their activities. The following extracts were highlighted as supporting attributes of leadership and management

"The graduate should have leadership skills, have insight, and manage diversity and change... should work with other members of the multidisciplinary team and community and be in a position to assess, plan and organize their activities as well.

"The characteristics of a graduate who is responsive to the needs of the community should be someone who has leadership and management skills".

4. 6. 2 Collaborative skills

This was defined by the participants as ability to integrate activities in the practice with other members of the multidisciplinary team, as well as members of the community. It emerged from the findings that participants understood nursing graduates to be individuals who would never be in a position to handle all the diverse needs of the community by themselves. They therefore ensured during education and training that the learners were taught the importance of utilizing the other members of the health care team in meeting the needs of communities. The participants' insight regarding developing learners' collaborative skills was influenced by awareness of the health care reforms which brought about changes in the manner health care has to be provided, such as the movement away from hospital-based care to clinics, home health care services , hospices and other community settings.

Collaboration is taken as essential for quality care and should be based on the recognition and appreciation of contributions each discipline brings to the health care delivery experience and the awareness the health care reforms influence the manner in which health care has to be given, for instance taking it out of hospital to various settings in the community.

Some graduates also regarded collaboration of activities as one of the skills they had acquired from their training. Learners were mindful that they were in the health field, where there were other members of the health care team, who also had vital contributions to make and expertise to ensure holistic patient/ client care and thus meet their multi dimensional needs.

Data sources like the curriculum mission statement, too, recommend that there be intersect oral collaboration in managing the health care and socio-economic and health issues of the community.

The programme's mission statement recommends intersect oral collaboration in managing the health care and socio-economic and health issues of the community members.

We also worked with other people who are also caring for the community members, for instance if we come across social problems in the community we would refer cases to the social workers (graduate).

The learners exiting the programme should provide for collaborative planning and implementation of integrated health services... and one of the characteristics of a graduate is ability to collaborate activities with other members of the multidisciplinary team in patient/ client care.

4. 6. 3 Self-directedness

Data sources also revealed self-directedness as one of the important competencies developed during learning. It enhances application of knowledge in real situations and promotes lifelong learning. Participants stressed that self-directed learning encouraged the learners to move away from merely mastering content and acquiring skills, but facilitated continuous engagement and independence on the part of learners in their learning activities. Participants further indicated that it enhanced critical thinking and analytic reasoning in their practice, as well as problem solving. Critical thinking would then be applied to helping the clients in dealing with their needs and with problems within their communities

Self directedness facilitated by use of the learning approaches which are student- focused like Community Based Education, modular system[s] and learning packages enhance mastery of knowledge, skills, analytic reasoning, critical thinking and problem solving, respond to the communities' needs.

The graduates, after qualifying would be expected to function undependably when handling the needs and problems of the clients.

The curriculum should produce graduates with analytical minds and who are expected to function as comprehensive and primary health care focused graduates.

4. 6. 4 Advocacy for the rights of Individuals, families and communities

Data sources indicated that the facilitators of education should encourage and maintain high academic standards and professional standards by means of playing a supportive role and advocacy for the learners and consumers of care. Advocating for

the rights of the clients was further stated as encouraging continued provision and development of comprehensive quality nursing care. Clients/ patients are usually vulnerable and need people who have broad knowledge, understanding of their needs and expertise to help them solve their problems and meet their needs. The statements that highlighted advocacy on the part of the graduate who is responsive were expressed as such in the documents analyzed.

We believe that facilitators in [the] education process should encourage and maintain high academic and professional standards and play supportive and advocacy role for learners and consumers of care.

On exiting the programme the graduates should be able to advocate for the rights of individuals, families and communities and a responsive graduate should be someone who is an advocate of clients in times when they need help.

4. 6. 5 Production of researchers

Data sources indicated that a responsive programme should produce graduates who could conduct research and find information about health-related problems. Research is done at third year level, as a component Professional Practice. In the fourth year, the students engage in practical application of the theory that was learnt in research content during the previous year. Students have freedom to select topics in any discipline; they should be in a position to base their nursing care on findings from the information that was gathered. One of the participants highlighted that they were engaged in doing research and this helped them in exploring new information about issues they did not know regarding subjects they were taught that related to patient care. It also facilitated insight when exploring information and knowledge, which might

have helped in discovering the patients' and the clients' needs and problems. The same participant further indicated that the research they did was not only confined to the hospital setting, but they sometimes conducted also it at the primary health care clinics and in the communities. As was indicated by some of the participants who were engaged in teaching, research done by learners was aimed at encouraging evidence-based practice which they would be engaged in after qualification.

We engage them in conducting research, in fact we teach research theory during the third year of study, so that at fourth year they start engaging in actual research. It is offered as a component of Professional Practice.

A responsive graduate produced by a responsive programme is someone who has been exposed to evidence based practice and decision making endorsing the quality of the standards of care that are required by the service.

The graduates should be able to conduct research and use research findings to improve nursing and health care to individuals, families and communities and to contribute to the body of knowledge of the profession as well as to health related issues.

4. 6. 6 Ability to give health education to clients

Data sources highlighted ability to give health education as a crucial skill to be acquired by learners during training. Learners were exposed to learning experiences of teaching their peers, subordinates, clients/ patients and members of the community so as to develop their health education skills. This was to enhance their ability to give health education to the community about diverse issues that pertain to health needs. One of the participants indicated that patients did not know much of what happens in a hospital or a clinic, therefore educating the patients becomes a prerogative for

nurses. Clients were even educated about the available resources in the community so that they were empowered to make maximum use of those resources for the solution of their health problems.

Learners should be provided with education, training and teaching services with active involvement of individuals, families and the health care providers in meetings.

A good nurse is the one who can give good health education. Remember that patients do not know 'mos' what is happening in the hospital and in the clinic. I believe that the people who know must make these things clear to the patients/clients.

Sometimes I meet clients who leave their places and come to us, who do not use their available health care resources; I give them health education to use the resources available in their area.

4. 6 .7 Communication skills

It emerged from data sources that it is crucial to teach the learners to develop good communication skills, because they have to teach and empower the community members to look after their own health. Clarity in communication and good listening skills on the part of learners when dealing with clients, were indicated as essential skills that needed to be developed. Those skills were regarded as significant, as they enhanced the ability to get informed about the concerns and the problems of the patients. One of the participants indicated that, when she started working after qualification, she did not feel that she was competent in her work until they were exposed to a series of in-service education sessions. After exposure to the indicated sessions she felt she had developed a number of skills, one of which was the ability to

communicate effectively with the patients/ clients about issues pertaining to their health care.

We believe in developing the learner's communication skills.

Our programme focuses on Community Based Education (CBE), Problem Based Learning (PBL) and Primary Health Care (PHC) which make the learners to be independent, be critical thinkers and have good communication skills.

The characteristics of responsive graduates should be natural love for the people. They should have good listening and communication skills. This should happen when they take history from the patients, because if you are a nurse who does not listen to the clients' concerns you will not be in a position to help them.

4. 6. 8 Negotiation skills

Data sources also revealed that, when the learners exit the programme, they should have been taught to develop negotiation skills. The importance of developing these skills emanated from the fact that learning had to take place in the community. Learners had to access the homes of the families in the community, and so it became imperative for them to engage in negotiations with family members to do so. Nursing care entailed collaborative activities with other members of the health care team. Participants highlighted that they were involved in such negotiations with all other people who cared for the patients and clients in the healthcare settings and this facilitated the development of the negotiation skills.

As they do community based learning they need to engage in negotiations with the community members; for instance, they have to make community entry, form community committees, forge relationships with other members of the health care team, as well as the traditional and faith healers.

4. 6. 9 Team building

Data sources revealed that team building was one of the crucial skills which were developed during their exposure to learning. This was enhanced by engaging in group discussions in class, exposure to working in groups during CBE and in PBL activities in the community and other clinical settings. Team building was indicated to be important as it facilitated involvement of the community to discover problems and needs which were identified collectively. The learners, by engaging with members of the community in their activities, were also indicated as enabled to transfer this skill to the community and thus empowered them to participate as groups in community projects which were meant to improve their health status generally. Participants also indicated that team building enhanced development of collaborative interactions and inventions in the solution of community problems.

Learners on completion of the programme should possess team-building skills

Learners in CBE and PBL were exposed to working in groups and they participated in discussions in class and this helped them to develop team-building skills

We let our students ... engage the community members in the activities they do, so that they can transfer the skill of working as the team to those community members in an attempt to empower them.

4. 6. 10 Reflective skills

Some of the participants indicated that a responsive graduate should be somebody who, when in a position to implement health care activities, should reflect to evaluate whether their efforts had worth to the benefit of the consumers of health care. Since the approach of teaching was Community-Based Education (CBE), combined with Problem-Based Learning (PBL), the learners were exposed to various health care settings; they were capacitated to reflect on different situations to which they were exposed in the community, and to using such opportunities to identify needs and problems of individuals within families and the community. They could then assist the community members to meet self-care demands and could also emphasize promotion and maintenance of health within the context of primary health care delivery.

Learning is facilitated in such a manner that there is development of [reflection].

Learners will be exposed to various learning settings in the community so that they observe and reflect on situations.

In Community Based Education (CBE) and Problem Based Learning (PBL) expose learners to various health care settings; they are capacitated to reflect on different situations in the community, and we use such opportunities to identify needs and problems of the individuals within families and the community.

4.7 Conclusion

The focus in this chapter was on the cultural themes which emerged from domains, categories and subcategories. The emergence of the cultural themes was influenced by the use of the Spradley's technique of data collection and analysis. It was

also guided by the conceptual framework of this study, which focused on the socially responsive curriculum, in terms of functions of the socially responsive school regarding research, education, service and the values of equity, cost effectiveness, quality and relevance. The cultural themes which emerged concerned the conceptualization of responsive education and the responsive curriculum. In the conceptualization of socially responsive education, the following aspects emerged: relevance of education to the needs of the population in terms of Department of Health policies like integration of national health care policies, the South African Nursing Council policies and Department of Education policy; education responding to the needs of the community in terms of using these priorities to update the curriculum; responsiveness to the needs of the Eastern Cape population of the nursing education programmes at the Lilitha College of Nursing. The latter entailed the nature of the curriculum; the nature of the content of the curriculum; the role in facilitation of learning; nature of the clinical area; influence/ impact of curriculum on the community regarding the promotion of health, disease prevention, facilitation of access by prospective candidates from all communities of the Eastern Cape; the teaching/ learning process, which included teaching strategies used, competencies attained through use of teaching strategies, factors that facilitated learning, as well as factors which hindered learning. The management and practice of cultural themes which emerged from data analysis formed an integral part of the discussed factors, either under factors facilitating or inhibiting learning, for instance aspects like selection criteria, staff turnover, financial assistance, and provision of transport for facilitation of education in the clinical area.

Discussion of results

5.1 Introduction

The discussions and interpretation in this study have taken into consideration the purpose of the study, which was to explore the concept responsive education and responsiveness to the needs of the Eastern Cape population of the nursing education programmes at the Lilitha Nursing College. The results are discussed and interpreted within the context of the relevant previously consulted literature and have taken cognizance of the conceptual framework of the study. In order to give tangible meaning to the practice of teaching and learning in nursing education, the discussions and the interpretations of the results included drawing from the theoretical background of responsive education and curriculum models which comprised process-based, product-based and outcomes-based curriculum models.

In order to ascertain whether the researcher's findings are able to meet the purpose and objectives of the study, these findings are discussed on the basis of information obtained from the participants, review and analysis of documents, as well as from available literature guiding the practice of nursing education.

5. 2 Conceptualization of responsive education

In this study, some cultural themes emerged under conceptualization of responsive education. These included: (1) Relevance to community needs; (2) Response

to National Policies; (3) Community involvement; (4) Use of health priorities in the curriculum; (5) Intervening variables which facilitate responsive and hinder responsive education. (6) Responsive education producing graduates with relevant competencies.

5. 2 .1 Relevance to community needs

According to the findings of this study, it became apparent that there were different views regarding the conceptualization of responsive education. It emerged from some data sources that responsive education could be conceptualized as education that aimed at meeting the needs of the community. Meeting the needs of the community was expected to be accomplished through engaging the members of the community in health care practices which focus on individual, family and community needs. It also emerged that responsive education is seen as education where learners are taught and enabled to identify those health needs together with the community members. Joint identification of the community needs was envisaged as being the best way of enabling learners to be sensitive and relevant in addressing such needs.

The findings of this study revealed that, for the learners to be able to assist the community in identifying those needs, they needed some induction and empowerment with appropriate skills to do so. Such empowerment was reported as being ensured by clinical facilitators who were charged with the responsibility of mentoring the learners in the clinical settings. The mentoring of learners was indicated as made more meaningful and fruitful by being carried out by mentors who had previous training in mentoring. In

cases where it had not been possible to utilize mentors with prior training, the process of training of the mentors was facilitated by the co-mentor, whilst engaged in the process of guiding and supporting the students. Previous training of mentors is supported by Salmon & Keneni (2004); Mackenzie (1992); O'Neill (1996) as cited in Salmon and Keneni, as important and leading to preparedness and competence in the process of facilitation by mentors, hence if mentors support the learning of students, such students are expected to develop competencies that would make them responsive graduates.

Making education respond to the needs of the community was further ensured during the process of teaching. This was enhanced by ensuring that learning took place in the real situation, which was in the community. The learners would go to family households and health care centers like clinics and hospices which were available in the community. Mennin and Mennin (2006) support education that takes place in the real situation of the needs of the community. They stress that, health professionals must be responsive to the needs of the population they serve, by improving health care systems through providing responsive education

The findings of this study show that health care is also based on evidence from research on a range of health care problems which prevail in a variety of environments in the community. Such a practice made learners learn to provide care that was driven by health needs of the clients in their respective communities. Rendering care to specifically identified problems makes health care relevant and responsive to the needs of the community. Kamien (2001) supports what was raised by participants in this study, by stating that responsive education produces the kind of practitioners who are sensitive to the needs of the community, who perform effectively as expected in serving the community, and are committed to making adjustments in the execution of their

responsibilities so that those suit the needs of the people and are being based on the lessons learned.

Involving the community was indicated as empowering the community to take responsibility by assuming control of their own health. It was also indicated that involving learners in community activities would make them start realizing that communities are culturally diverse and therefore have varying needs. These findings are supported by the statements of National Commission on Higher Education (1996) which indicate that responsive education needs to be sensitive to the diverse problems and demands of local and international communities. Kamien (2001) also supports education which meets the needs of the community by indicating that it has an important role of preparing the graduates to be responsive and accountable to the needs of their communities, hence to their society.

It was explicitly explained in the findings of this study that, if learners, during the process of learning, engaged in partnership with the communities in identifying the needs, they would develop to be sensitive and relevant to those needs. Such responsiveness has to be realized by institutions whose responsibility is to cater for the needs of the society (Boelen, 2004).

It also evolved from the study's findings that, in order to meet the needs of the community; the learners are expected to ensure maximum utilization of the available resources, by providing the community with information regarding where these facilities were and how to access them and how they operate. A shift to education that is responsive to the needs of the society has been reported worldwide. Parboosingh (2003), for example, has indicated that schools for health professionals in South Africa are involved in extracurricular activities in their communities for the purpose of

developing the communities. The implications of these findings are that what was expressed by the participants was confirmed by what is in literature regarding responsive education being determined by meeting the needs of the communities. When considering the aspects emanating from this study regarding relevance of education and their support from reviewed literature, it could be concluded that education offered at the Nursing College of the Eastern Cape was relevant to the community needs.

5. 2. 2 Responding to National Policies

According to the findings of this study, responsive education is education that responds to the National Policies which include the policies of the (a) Department of Health; (b) the Department of Education (c) and the South African Nursing Council (SANC).

5. 2. 2. 1 Response to National Health Care Policies

The findings of this study revealed that responsive education is education which affirms the integration to the National Health Care policy. The policy was reported as entailing a philosophy underpinning the health care delivery system and promoting a paradigm shift in nursing education from curative to promotive health care. That is indicated to have placed a demand on the nursing colleges to review their curricula and bring them in line with this policy. It emerged from the findings that the education and training institutions were therefore prompted to come up with education that would have programmes that comprised reality health care as proposed in the 1997 Department of Health White Paper.

Responsive education was further indicated as education which prepares competent primary health care-oriented graduates who are ready to implement a changed health care system. Primary health care was also raised as important in facilitating involvement of the community and this, in turn, enhanced mobilization and availability of the resources in the community that were required for student learning needs. This paradigm shift in health care has been supported by George (1999), who has stated that, if the communities understood, i.e. knew about health, its promotion, prevention of disease and management, their needs would be targeted. Suleiman (1999), also in support of responsive education through a responsive curriculum, indicated that the curriculum should put emphasis on health promotion and disease prevention and a holistic approach to patient care. This author asserted that this could be achieved by working together with the multidisciplinary team, individual patients, families, students and as well as the community at large.

It further emerged from the findings of this study that National Health Care Priorities were key aspects to be included in the curriculum in order to address the health needs of communities. HIV and Aids, tuberculosis and Integrated Management of Children's infection (IMCI) were elicited as essential to be included in the curriculum. Much as there was emphasis on the importance of primary health care and integration of National Health care policy in the curriculum and the discussions at the college's academic meetings, there appeared to be some gaps in this aspect, because some of the study guides, actual teaching and examinations revealed a lack of inclusion of these aspects. The conclusion on the findings regarding these aspects was that the programme did not adequately respond to the needs of the Eastern Cape population.

5. 2. 2. 2 The department of education policy

It also unfolded from the findings of this study that responsive education comprises education with a curriculum designed in line with legal, educational and professional directives. It emerged from the results of the study that the curriculum was designed with observance of the principles of the Council of Higher education (CHE, 2002) and the South African Qualifications Authority (SAQA, 1995). The curriculum was developed with consideration of the principles of National Commission of Higher Education which provides a new framework of responsive education which was introduced within higher education, aiming at educating and training focused on the societal needs and interests.

5. 2. 2. 3 South African Nursing Council

The findings of this study show that the South African Nursing Council is a body that gives directives regarding what has to be taught and how it has to be organized and conducted. This body was highlighted as the one which regulates the education and training of nurses. It is the body which sets, monitors and evaluates implementation of nursing academic standards. It emerged from the findings that the college programmes were approved by the SANC. Their programmes were indicated as having been designed within the principles of higher education. The teaching strategies which were recommended and adopted were those which encourage use of learner-centered teaching approaches, for instance Community-Based Education (CBE), Outcomes-Based Education (OBE) and Problem-Based Learning (PBL). Adopting these

teaching/ learning methods was aimed at making education responsive to the needs of the communities.

The findings of the study are supported by Mekwa (2002) who indicated that the major changes in the health care delivery system, which is PHC, require relevant education and training. According to this author, this poses a challenge to nursing education institutions to come up with nursing education programmes that are going to adopt teaching-learning strategies which facilitate learner-centered education and training. The teaching strategies so adopted, should focus on producing graduates with core competencies which would be appropriate to address the needs/ problems of the individuals, families and communities. These strategies, according to Mekwa (2000), include OBE, CBE and PBL. Observing the directives of the South African Nursing Council in designing the curriculum of the college indicated that the education at the college was made to be responsive to the needs of the community.

5. 2. 2. 4 Community involvement

Community involvement surfaced as one of the key aspects ensuring that the curriculum of the Eastern Cape was made responsive to the needs of the community. In the context of this study, involvement of the community meant gaining access to the community and allowing the learners to access homes and health care centers like the clinics and the schools. It emerged from the findings that the faculty and the learners would announce their visits to the community members so as to have sessions with the community members where they would discuss matters that pertained to the communities' health problems and their health-related needs.

It also unfolded from the results of this study that the community members were involved in extensive health education activities during awareness days focusing on various aspects of health, for example health fairs and campaigns on immunization against infections including HIV and Aids, as well as chronic conditions. They would also be required to give input in designing the curriculum. Sirrisup (1999) supported the involvement of the community in designing the curriculum as he regarded this as a way of strengthening the relationship with the community. Richard (2001) also regarded community involvement as essential as it provides an opportunity to establish from the community what was regarded as useful and helpful in each specific community, to help in tailoring the schools' practices towards local community needs. The conclusion from these aspects is that education at the college was responsive to the needs of the community, because they were actively involved in matters aimed at addressing their health care needs and problems.

It also emerged from findings that strategies were adopted to facilitate community participation where members of the community formed community clinic committees constituted of influential members who worked with the service providers, including the students who were in Community-Based Education programme of the college. At community clinic meetings, matters pertaining to health care issues, as well as self help projects, would be discussed. It was uncovered in the findings that members would participate in setting up the vegetable gardens and bread baking to sell to schools engaged in a feeding scheme which was introduced by the government. During community participation, the health care providers would guide, share ideas and capacitate the community members in areas of their needs. Development of partnership with the community is supported by Richard (2001) and Julie, Daniels and Adonis (2005) who indicated that interdisciplinary-community-partnership was essential

in a shared collaborative practice, because this enhances catering for the needs of both the learners and the community where the community is utilized as a learning setting, and would also foster the development of partnerships even after the students leave those areas.

Community participation was indicated as significant in that the community members and the health care givers shared the common goal of seeking to empower the other members of the community where there seemed to be gaps in self care. Community involvement was also reported as encouraging learning which took multiculturalism into consideration, as learners are made to take cognizance of cultural diversity when they deal with community members. Community involvement also is indicated as facilitating empowerment of individuals, families and communities with skills for identifying factors that influence their health status. Concluding on this aspect, it was evident that education was made responsive in that the community was encouraged to become acquainted with the services that are available and how to access those services.

5. 2. 2. 5 Department of health policy.

The department of health adopted the primary health care policy through implementation of the health care priorities to bring about a paradigm shift in delivery of health care in South Africa. These have been used by the health professions' institutions to update their curricula to be in line with the health care delivery system. as indicated in the aspects discussed below.

5. 3 Use of priority health needs to update the curriculum

5. 3. 1 Nature of the Curriculum

It unfolded from the findings of this study that a number of factors were identified as the characteristics of the nature of the curriculum in responsive education. These included (a) determinants of the curriculum; (b) focus of the curriculum (community-oriented or community-based); (c) the nature of clinical learning sites; (d) the nature of learning experiences; (e) the teaching learning process; (f) the nature of the teacher; (g) the nature of the learner; (h) assessment of learning; and (g) involvement of stakeholders, especially the community.

5. 3. 2 Determinants of the curriculum

From the findings of this study it emerged that the determinants of a responsive curriculum, according to data sources, included national and priority health needs or issues, policies from national health and education departments, the South African Nursing Council, a regulatory body for nursing education, as well as local stakeholders.

The National Health Care Priorities were regarded as important components of a curriculum. Participants gave examples of National priorities, which included integration of Primary Health care in the management of Tuberculosis, Integrated Management of Children's Infections (IMCI), HIV and Aids. Elaborating on inclusion of national priorities, some informants stated that there were times when polio was a national priority and after its eradication it was not covered as part of the content in as a vigilant manner as while it was a priority concern. Diseases such as malaria which are considered as a

burden in Africa have a steady trace in the curriculum. The midwifery curriculum included Saving Mothers-Saving Babies, Safe Abortions as priorities, because they are priority concerns. Mental health issues were dealt with by referring patients to community-based psychiatry because of the move away from institutionalization of mentally ill patients.

The findings of this study also showed that national policies and policies of the regulatory body, the South African Nursing Council, were other crucial determinants of the curriculum. The Department of Health tabled a White Paper in 1997, titled Transformation of Health Care in South Africa. This White Paper (1997) clearly stated the need for health professional's curricula to prepare graduates for serving in a health care system based on a Primary Health Care philosophy. According to data sources, the curriculum content and learning experiences at the college were geared towards preparing graduates for serving in a health care system that is Primary Health Care oriented. According to the participants, Primary Health Care was threaded throughout the curriculum and areas of specialization such as midwifery and mental health have PHC as the basis, which is why there was community-based midwifery and community-based psychiatry.

The data sources also revealed that the changes in the Department of Education have impacted greatly on their curriculum to make it respond to the needs of the South African population and workplace demands. According to the respondents, the college had to re-curriculate to align its curriculum with the education department policies. According to the education department, all programmes have to strive to achieve critical cross-field outcomes as stated in the South African Qualifications Authority (SAQA) documents. Respondents explained that programmes had to be

developed to meet workplace demands and for graduates to exit with skills or competencies required in the workplace. This thinking challenged the Liliitha College of Nursing to conduct a task analysis and analysis of relevant graduate competencies so as to align the curriculum with what is expected in the workplace.

5. 3. 3 The focus of the curriculum

According to this study, nursing education programmes of the Liliitha College in the Eastern Cape were designed according to the legal, educational and professional directives of South Africa. The curriculum observed the principles of the Council of Higher Education (CHE, 2002), the South African Qualifications Authority (SAQA, 1995) and those of Education and Training Quality Assurer (ETQA, 1995) which is the South African Nursing Council (SANC), through use of Regulation 425 of 1985, as amended to develop the curriculum.

The indicated structures are responsible for setting standards for education, monitoring and evaluating the quality of education to ensure that the implementation of education at institutions of higher learning is in line with the set objectives of higher education. According to White Paper of 1997 for the Transformation of Higher Education, nursing colleges are regarded as institutions that fall under higher education and are affiliated to the universities. They are also regarded as institutions of higher learning; hence they are expected to uphold the principles that guide education, training and practice accordingly.

This study found that the curriculum was approved by the South African Nursing Council (SANC) and, as such, observed the principles guiding higher education. The

SANC encourages the practice of setting up learning outcomes, learning criteria and assessment criteria during the process of learning so as to measure the development of competencies against the set outcomes. In this regard, education offered by the Eastern Cape curriculum was indicated by data sources as responsive, because it was designed within the context of nursing education.

However, what became evident, on examination of the learning guides by the researcher, was that the learning outcomes set in the curricula were not translated into some of these guides. This meant that teaching was not guided by learning outcomes. It was also observed that the learning guides examined, lacked assessment criteria against which the outcomes were assessed to ascertain whether teaching and learning managed to develop and achieve the required competencies. The implications of the findings in this regard seemed to have made education of the college partially responsive as it was not clear whether the competencies supposed to be developed by the curriculum were actually achieved.

Concluding on this aspect, it became evident that nursing education was made responsive within the context of nursing education by the practices at the college concerned in this study, because their education was based on the principles and the relevant policies and regulations of relevant bodies (SANC), PHC (1994), SAQA (1995) and NCHE (1996)

5. 3. 4 The nature of the clinical learning sites

The findings suggested that it was important to seriously consider the type of clinical learning setting to expose learners to for their experiential learning. The findings

indicated that learners were exposed to experiential learning in the communities, at primary health care clinics, which were both in the rural and the urban areas. They were exposed to primary, secondary and tertiary health care settings. It was also highlighted that their experience was acquired in both under-resourced and underdeveloped areas, as well. The choice of the clinical area, according to this study, was largely determined by the teaching approaches used, for instance CBE combined with PBL. These approaches to learning were highlighted as the ones which ensured that the learners were exposed to real life situations in the communities. It emerged that these approaches encourage active learning, involvement of the learners in dialogue with their peers during learning and self-directed learning. Engaging in such activities was shown in this study to lead to the development of competencies such as self-reliance, lifelong learning, ability to use interpersonal and practical skills, making decisions that would help the graduates to be responsive in the future practice. The exposure to real situations for the purpose of acquiring the required skills is supported by proponents of social learning, like Bandura. Such theorists believe that this kind of exposure encourages interaction of learners with their environment, self-regulatory learning, and development of a sense of self-efficacy and self-confidence. WHO (1993) and Mtshali (2003) also support learning in the community, because this environment provides the learners with the community members from whom they can learn and also witness how the teachers model appropriate interaction with the community members. In conclusion on this aspect, it can be stated that the curriculum of the college responded to the needs of the community.

5. 3. 5 Teaching and learning process

According to the context of this study, the teaching and learning process should be geared towards providing the kind of learning which enables graduates to be responsive to the needs of the population they serve. The teaching and the learning process should follow the principles of a kind of education which encourages student participation. It has to be a process which fosters a culture of learning leading to the development of critical thinking, analytical skills, problem solving and decision making. The type of learning where learners are "spoon fed" should be avoided. Use of self-directed methods of teaching was adopted. These methods were envisaged as suitable for future continuous learning, hence lifelong learning. The teaching and learning process which is aimed at producing self-directed learners should be dominated by learner-centered methods of teaching. Learners should be engaged in practical activities during learning, for instance case studies, guided field visits, group assignments, health talks and problem-solving exercises, to encourage the development of essential skills aligned with learner involvement in their learning.

As indicated earlier in the discussion, teaching at the college was facilitated by a curriculum which encouraged the use of teaching strategies like Problem-Based learning (PBL) and Outcomes-Based Education (OBE), which are seen as approaches to learning that enhance Community-Based Education (CBE). According to the data sources, teaching strategies were highlighted as important in responsive education and the responsive curriculum. The strategies used by the college were envisaged as able to produce the required competencies that would enable the graduates to work independently in responding to the needs of the community. They capacitated the learners to engage in group work and discussions amongst themselves. They were

viewed by participants as yielding practices that focused on individuals and families and addressed community needs. The participants regarded those teaching strategies as facilitating the promotion of health and encouraging community participation.

The teaching strategies were also indicated as enabling learners to explore and solve problems with and within the community. Teaching by means of using the indicated strategies is supported by a wide range of authorities in the available literature. These authors, for instance Kristina, Majoor and Van der Vlieten (2004), showed that community-based education produced graduates with skills that enabled them to be responsive to the needs of the community. These competencies were indicated by Kristina et al. (2004) as producing health team managers; advocates for their patients and communities; health educators, as they were trained to be information specialists; and practitioners who could apply social and behavioral sciences.

The use of PBL as a teaching strategy responding to addressing health needs was supported by Carlisle and Ibbotson (2005), who also pointed out that PBL, ensured development of problem-solving skills, teamwork, decision making and research skills.

Much as Problem-Based Learning was highlighted as one of the best methods of teaching, there was lack of evidence of this method at the college. The minimal use of the teaching methods which facilitated development of much required competencies for responding to the needs of the community posed a concern regarding the nature of graduates that might have been produced from the college's programme. If learners were denied the opportunity to develop appropriate skills to respond to the needs of the community, the health care of the people of the Eastern Cape might be at stake.

According to the findings of this study, the gaps that were identified in the teaching and learning of students were related to the predominant use of the lecturing method. Using the traditional teaching-learning method is regarded as not developing the learners to acquire the crucial skills which make graduates responsive, because learners just become passive recipients of information during the process of learning by this method. The ineffectiveness of lecturing as a teaching method has been pointed out by Sullivan (1995), who has asserted that, in spite of the fact that the traditional method has had varying success in the past, it was an ineffective system of teaching in which the goal was to develop specific job-related competencies. This author further saw this method as addressing the needs of the teacher and therefore as ineffective when conducting training. Foyster (1990, cited in Sullivan, 1995) also argued that using the traditional 'school' method in training was inefficient.

According to Mtshali (2003) too, teaching that relies predominately on this method does not benefit the learners much, because they become passive during the teaching-learning process. This then leads to minimal development of the required skills. The drift away from traditional teaching also has the support of Creedy and Hand (1994) who stated that it is characterized by dominance and control by the teacher and impedes the development of the desired skills. That being the case, teaching and learning would be less effective at the college under study, where the approaches to learning were indicated in the curriculum as CBE and PBL and yet these were not adequately implemented.

The conclusion from these findings is that it is evident that the programme of the Eastern Cape College is only partially responsive to the needs of the surrounding

communities through lack of full adherence to the use of the teaching strategies indicated in the curriculum.

5. 3. 5. 1 Experiential learning

In the context of this study, experiential learning involves an active process of learning occurring in the real life situation. According to the findings of this study participants identified experiential learning as one of the teaching methods used in teaching appropriately; to develop the learners to be responsive graduates. Participants voiced that learners were exposed to the learning environment in the clinical area, be it in hospital or community. They were then required to identify a client's problems through guidance provided by the clinical facilitators. Learners were reported to have been encouraged to make sense of their own experiences. They were made to use their previous experiences in order to create new information. They were made to interact with the community in identifying and solving their problems. Such activities in learning are supported by Mtshali (2003) who indicate that the teacher in community based education is regarded as a model as students learn from her/ him how to interact with the community members. This kind of learning is indicated as ideal for health professionals education as it encourages learning from all those in a variety of clinical areas (WHO, 1993)

5. 3. 5. 2 Active learning

It evolved from the findings of this study that active learning was crucial to support learning so as to produce graduates who are responsive to the needs of the communities. Active learning was described by the participants as learning where learners engaged in discussions, in debates, dialogues, asking questions, solving problems and brainstorming during the process of learning. Being active during learning was explained as leading to deep understanding of the course material as well as long retention of what had been learnt. The trend of teaching and learning which emerged in the findings of this study is supported by constructivists like Dimitrios (2007) & Hein (1991) who indicate that learners have to be active and construct their own knowledge and understanding of what is learned. This also assists them to identify and solve problems.

One participant also indicated that active learning helped the learners to develop some of the skills which were required in learning, for instance creative thinking, creative problem solving skills, a positive attitude towards the material learnt and level of confidence in knowledge and skills. Constructivists like Rogers (1994) support active learning like group- work, group discussions and group projects as activities which promote effective learning and encourage academic development and life skills like critical and analytic thinking as well as problem solving.

It also emerged from the findings, that active learning was achieved by giving learners some meaningful sets of learning activities. For instance, they were given topics extracted from the subjects they learnt. They were then asked to reflect on those topics and share their thoughts about such topics, instead of being given explanations as would happen in the traditional method of lecturing. This was then indicated as giving

the learners opportunity to develop reasoning and thinking skills. Those were some of the skills the learners would apply in nursing practice after qualification. This trend of learning was once more supported by Hein (1999), who suggest that learners have to be given opportunity to be active in their learning and the teacher is required to facilitate learning and not act as a 'dictator ' of learning.

It also evolved from data sources that the other way of actively involving the learners in learning was to make them compile journals on their experiences, like the family surveys which they conducted during community-based learning. This enhanced active engagement of learners in trying to make sense and gain better insight into what they were expected to learn in such an active engagement. The implications of these findings were that learning is made responsive to the students' and the community needs during the teaching learning process.

5. 3. 5. 3 Problem based learning.

Regarding problem based learning, the findings according to data sources, revealed that it was important in supporting learners to develop relevant skills. This entailed exposure of learners to problem solving. It was indicated as being accomplished through assisting learners to identify real problems and articulating these problems. Learners would then be required to work on those problems by consulting each other and engaging in discussions in an attempt to come up with appropriate solutions.

The findings further revealed that learners would further brainstorm the ideas and decide on what to do to solve the problems during their exposure in the community. The skills of working as a team and problem solving were developed during consultation and discussion in this kind of learning. According to Kolb's (1984) cyclic model of experiential learning, effective learning is supported when students are in the community, because they are first exposed to problematic situations, then they reflect on those situations. They then further engage in a process of critically analyzing the problem using the available resources to research the problem, having done so, they would come up with their own theoretical understanding of a problem. According to Mtshali, 2003 in Uys & Gwele, 2005, this assists the learners to address the problems through application of activities they regard as appropriate in dealing with such problems. Problem solving ranks amongst the skills that would be required during nursing practice after the learners have graduated.

5. 3. 5. 4 Group-based learning

The findings on group based learning revealed that learning by use of groups was generated when they were in the community. Learners would be involved in group discussions as it occurred when they were in the pre-clinical conferences where they planned for daily undertakings in the community. They would do so also in post-clinical conferences as they shared information on their daily experiences in the community.

According to the findings of this study, participants indicated that group-based learning encompassed students learning from each other. It was also indicated as providing an environment which facilitated interaction and contributions by all learners.

It was further highlighted as a rich learning environment in enhancing the development of team work, communication and interpersonal relationships. These skills are amongst the skills that graduates are required to achieve for application in nursing interventions in their nursing practice. The notion of learning by group participation is supported by proponents of social reconstructivists. The social reconstructivists indicate that the teaching learning process should be characterized by engaging the learners in dialogues, between the teacher and the learners (Freire, 1972). Learning should be self directed, allow students to bring along and integrate their rich wealth of previous knowledge to learning setting as well as encourage implementation of problem posing methods of teaching (Serpa & Serpa, 2002). According to Dewey (1938) learners learn best when they are working in groups with the teacher and other learners trying to address or solve problems.

5. 3. 5. 5 Self-directed learning

According to the context of this study, self-directed learning is learning in which the learners take an active role in planning for their learning. This entails taking the initiative in identifying learning needs, setting goals for learning, identifying resources for learning, selecting and implementing learning strategies, and evaluating the learning outcomes. Self-directed learning creates successful learning and promotes lifelong learning.

It evolved from the findings of the study that self-directed learning as a method of learning was adopted at the Lilitha College of Nursing to support responsiveness in their learning programmes. The results of the study also revealed that learners engaged

in self-directed learning with the assistance of nurse educators. Self directed learning was enhanced by using Community-Based Education and Problem-Based Learning approaches. The learners were assisted to locate the learning sites. Such sites encompassed specific communities which were adopted by the college to be used for field experiences of the learners. The choice of communities was determined by the levels of health care needs and health problems of those communities. It was also further indicated that learners were given guidance and support in setting goals for learning. The goals were indicated as being formulated on the grounds of content supposed to be covered at each level of training.

Self directedness in learning was supported by Dewey's (1938) progressive education ideology found especially in experimentalist and / or pragmatist approach where teaching learning has to be student- centered. The learners have to take charge of their own learning, whilst they are being guided, assisted and supported by the teachers whilst learning.

5.3.6. Nature of the learning experiences

The findings of this study revealed that the nature of the content taught emerged as an important discriminatory factor of a responsive curriculum as it ensured integration of primary health care so as to produce primary health care oriented nurses. This was ensured by including the concept of health promotion in the first year of training, whilst in the second year of study prevention of diseases was taught. It was further revealed that comprehensive integration of subjects was carried out at all levels of training. The focus of the content taught was in line with the national health priorities.

Incorporation of the theory of research in the curriculum content emerged as crucial in the development of fundamental research skills which were indicated as significant as the graduates would be expected to participate in evidenced practice after qualification. Research in health professions education was supported by George (1999, p. 57), who indicated that educators need to regard research as essential in clinical practice, because today's research may represent tomorrow's practice. Research is socially productive as it leads to advances in practice which ultimately improves the population's health, because from research findings ideas are drawn as to how health care can be funded, organized and delivered Peabody (1999). According to the same author, social priorities concerning health care issues could emerge from scientific investigation. This, for instance, included improved health in the whole population, improved equity, assurance of basic care, and protection against unexpected poor health.

According to the social learning theorists, for example Bahn (2001), nursing education theory appropriately focuses on the social environment for learning. This implies that the content covered in the community- or problem-based programme emerges from the surrounding context. As the learners are exposed to the community, they identify the health needs and the problems of the community and these inform the nature of the content to be learned.

Concluding on these findings, it became obvious that adherence to the suggested content and needs and problem-based content might have led to the production of responsive graduates.

5. 3.7 Nature of a teacher

According to the findings of this study, the educator who is ideal for implementing a responsive curriculum, should be skilled in facilitating learning by identifying community settings, negotiate the community entry, and develop suitable relationships with the community. The teacher should be able to mobilize the resources for instance, the transport, identify the aspects which assist the community interventions and serve as a resource person for the students

The results showed that facilitation of learning was regarded as important in a responsive curriculum, because it enabled the learners to engage in health care activities and carry out responsibilities that focused on ensuring their development, so as to attain the required competencies. It was therefore important that the educators identified relevant learning sites and play supportive roles to learners.

It also emerged from the findings that facilitation needed to take place in a suitable environment where even the learning strategies used were deemed appropriate for a responsive curriculum and were student- centered. It was elicited by participants that learners had their learning facilitated both in class and in the clinical situation.

Participants indicated that learning was facilitated in a manner that ensured interactive, self-generated and empowering methods of teaching and learning. To facilitate effective learning, especially in the clinical area, facilitators acted as role models from whom the nurses could emulate professional behavior as educators relayed professional knowledge to the learners both in what they said and in action .Based on the constructivist point of view regarding learning, the educators' role is to

encourage active enquiry, guide learners to question their tacit assumptions and coach them in the construction process during learning. According to the humanistic view of learning, for instance Hinchliff (2004), learners are exposed to intense anxiety-provoking situations; so to enhance best performance they need to be guided, supported and nurtured throughout learning. Concluding on this aspect, it became clear that the programme at the college was made responsive to the needs of the community

5. 3. 8 Nature of the learner

It emerged from the findings of this study that the learners in responsive education should be active in the learning process. It evolved from the findings that the learners are expected to adopt the principles of adult learning where that take the responsibility for their own learning. They should build from their own experiences, strive for independence during their learning and be able to utilize learning opportunities with the realization that they have best benefits from it. The manner of teaching- learning which emerged from the findings of the study shows that the learner has to be the one who takes a lead in his/ her learning. Knowles (1984); Rogers (1983); Joyce & Weil (1986) support learning which is controlled by learners themselves. These authors indicate that such learning leads to sustained drive to learn, maximizes use of learners' experiences, encourages independence and creativity. Rogers (1983) indicates that learner participation as well as promotion of natural potential to grow and development of learners. The implication of these findings on this aspect indicates that learning is made responsive to the needs of the community at the college.

5. 3. 9 Assessment of learning

In this study, assessment means attaching a value to something that has been done; so as to ensure that there is benefit from doing it. Definitions provided by the dictionaries indicate that assessment is to estimate the value or quality of (Oxford Dictionary, 2002), or to take into consideration a person's abilities and achievements by considering them in some detail and making judgments about them (McMillan dictionary, 1975). In the findings of this study, it became evident that the value, quality and accomplishment of the learners were assessed through employing various methods of assessment to establish whether learners were able to develop and achieve the required skills to make them responsive to the needs of the community. These were as follows:

5. 3. 9.1 Continuous assessment

The results of this study revealed that assessment was done throughout the process of learning. This was done to ascertain whether learning took place. Regular assessment was attained by taking into consideration the objectives that learners had to accomplish in each specific area. The clinical facilitator would take along the clinical evaluation tools so as to check against the criteria of the nursing interventions which the learners would perform. By so doing, the facilitators would be in a position to ascertain whether the learners were competent or not in their performance by determining which the criteria had been met. In cases where the learner did not meet the criteria of a particular nursing intervention, the learner had to repeat the intervention until she/ he could perform it competently.

5. 3. 9. 2 Authentic assessment

This study led to the observation that authentic assessment needed to be done as a process of ensuring learning, to facilitate the production of responsive graduates. This was assessment which took place in the real life situation where learners had to identify what they regarded as the needs or problems of the clients/ patients. They were then required to do necessary interventions. The students would, for instance, realize that a baby in a specific family was overweight. The learner would consider this and decide that the problem was the result of overfeeding as an element of malnutrition. He/ she would offer the necessary health education and information on appropriate feeding, the amount to be taken at a time and frequency of taking meals, thereby alerting the parent about the dangers of overfeeding.

One participant indicated that practicing in the real life situation developed authentic behavior. This was the kind of behavior that would be required after learners had qualified, because they would encounter the real needs and problems of the clients / patients.

5. 3. 9. 3 Performance-based assessment

In the context of this study, performance-based assessment relates to actual assessment of learners as they practically implement the nursing interventions in the clinical settings. It was revealed by the participants that learners had to perform any nursing intervention in the presence of their peers. The purpose of ensuring that peers

were present was to provide opportunity for them to observe and comment on the performance of their colleagues. This would be an opportunity for the facilitator to realize mastery of knowledge and skills on the part of learners who did not necessarily perform the nursing intervention. Learners were then assessed on how they were performing and the facilitators looked at the application of pre-learned theory to assess the attainment of cognitive skills. Assessment of how the learners practically performed (psychomotor skills) nursing interventions was also considered. What was being observed in their case, concerned how they conducted themselves and related to the patient/client during the performance of nursing interventions. This was an attempt to assess the development of the attitude and professional values of the learners.

5. 3. 9. 4 Competency-based assessment

This entails assessment of relevant knowledge, skills and attitudes. It is evidence-based assessment in the sense that attainment of the competencies in the three domains of knowledge, skills and attitudes had to be explicitly evident when the learner was assessed. Competency-based assessment is concerned with determining the development of skills that people have learnt to perform. This study found that the college engaged learners in this kind of assessment to discern whether learners had developed the skills which would make them competent in order to respond effectively and relevantly to the needs of the communities after having graduated.

What was also uncovered in this study was that learners were fully involved in the process of assessment. The tutors allowed learners freedom to negotiate the manner in which assessment might take place. Learners were also informed of the assessment

procedure. The actual performance was ensured by having assessment instruments listing criteria against which learners were assessed. Assessment was indicated as taking place in a variety of situations and contexts; for instance whether in a real or simulated situation in community facilities, like clinics, in a hospital-based situation, or in the community.

Assessing the learners in different situations was an attempt to make assessment responsive, because the patients/ clients are in dynamic environments in the real world, which made it necessary to train the graduates to acquire skills that would enable them to function responsively in different situations. Considering this aspect of assessment, the nursing college is striving hard to ascertain that there is validation of learning which could be made evident by the process of assessment which the college adopted. The consulted literature on responsive education did not emphasize much the process of assessment in support of relevant education, hence there were no data quoted as supporting these specific findings of this study. However the implication of the findings of this study on these aspects was that learning at the college was made responsive to the needs of the people.

5. 3. 10 The influence of the curriculum on the community

In the context of this study, it emerged that interaction and relationships involving the community and service providers (who were the students in CBE) were important aspects in a responsive curriculum. The results of the study showed that, while the learners were educated and trained, opportunities for participating in a range of activities were open to them and these included exposure to experiences like:

Promotion of health

According to the findings of the study, promotion of health was highlighted as an aspect which was important in addressing issues around the health care of members of the community. It was seen to be implemented as part of primary health care practice and was mostly possible to implement in situations of PBL and CBE practice as teaching and learning approaches. It was highlighted that, in practicing primary health care, communities were accessed and this was facilitated by visiting the individuals' families. It emerged from the findings that learners would give health education on an array of health care aspects during such visits. Those aspects included personal hygiene, environmental hygiene, and the provision of water supply on a small scale, food supply and on appropriate diet to keep individuals healthy. Health education would also focus on activities of daily living, like enough sleep, exercise and on types of nutritious food and how to cook those in order to promote one's health.

It was also recorded in the results of this study that capacitating of the members of the community did not depend only on what the caregivers would suggest and offer, but on what the community members would raise as their needs and problems. It was further highlighted that promotion of health would also be ensured by educating the community about the available health care resources in the community and effective orientation would be given on how those resources operate so that they could be fully utilized to cater for the health problems and needs of the community. Gwele, McInerney, Uys, Van Ryn and Tanga (2003), in concluding their study on problem-based community-oriented programmes, suggested that it was important to strengthen nursing education programmes by putting greater emphasis on health promotion and illness prevention. Gwele et al. (2003) further indicated that there was a need to incorporate

the concepts of health promotion and illness prevention in the nursing education programmes, as these were crucial aspects in the primary health care approach of health care delivery.

In concluding on this aspect, the results indicate that the goal of the college was to produce graduates who would respond to the community's needs by promoting health through providing equitable and integrated promotive health care services and also by capacitating them to take control of their own health.

Prevention of diseases

Ability to prevent diseases surfaced as one of the key aspects to consider in a responsive curriculum. It was highlighted that the goals of the responsive curriculum were to ensure that the graduates exited the programme having been empowered with the skill to enable communities to take control of their own health, by providing them with knowledge of interventions that would enhance the prevention of disease.

According to the findings of this study, the concept of disease prevention is introduced in the first year of study and then developed as learners continue their training at the advanced level of training. Learners were equipped with the basic skills for health education. These basic skills included prevention of the spread of common diseases like tuberculosis, sexually transmitted infections, including HIV and Aids. The learners' involvement in the campaigns aimed at prevention of communicable diseases like measles was also regarded as important. Developing the learners in the kind of curriculum that adopted a comprehensive approach, part of which was prevention of disease, in dealing with the health problems of individuals, families and communities

was highlighted in the findings of this study as essential. This was indicated as ensuring achievement of the desired goal of 'health for all' societies.

The findings of this study on the importance of disease prevention support findings by Curtoni, (1999); Maltby (2006) & Sulleiman (1999). These authors highlighted the importance of disease prevention, if health professionals were to be responsive to the changing health care patterns of individuals, families and communities. Sulleiman (1999, p. 48) indicated that "the new programmes aimed at meeting the needs of the communities, in the changing health care systems, should provide the opportunity for learners to engage in hands-on experiences with the health care team, individual patients, patients' families and other community members to emphasize disease prevention and [a] holistic approach to patient care". Sulleiman (1999) also asserted that whilst health promotion was going hand-in-hand with disease prevention it was important to understand the cultural diversity of communities and their different lifestyles, so as to be able to render comprehensive care and emphasize the rehabilitation of the chronically ill and those who were disabled.

5. 4 Intervening Variables in the learning of students

5. 4. 1 Facilitative Variable

5. 4. 1. 1 Student support

The findings of the study revealed different aspects of student support mechanisms which contribute towards making education responsive at the Lilitha

College. These were identified as student accompaniment, mentoring system, psycho-social, financial and academic support

5. 4. 1. 2 Student accompaniment

In the context of this study, student accompaniment means going along with and availing oneself to learners in the clinical settings, so as to give support in the development of cognitive, psychomotor and attitude skills, and instilling the values of the profession. It is an endeavor embarked on to ensure that learning takes place effectively. It is also an attempt to ensure that the environment in which learning occurs is conducive to the academic development of the learners.

It emerged from the findings that all tutors at the college engaged in the accompaniment of learners. Their role was to check whether facilities, resources and equipment were available for use by learners during their experiential exposure. Facilitators also ensured that learners were placed in relevant clinical areas for effective correlation of theory with practice. They also enhanced the achievement of placement objectives, by making them available and known by everyone in the unit. In situations where equipment was not available, the college found means to provide that. A good example of this was when the learners went to the community. They took along what was known at the college as "Bag packs" which provided equipment like stethoscopes, blood pressure and machines, lactometer, dressing packs, bandages, and first-aid kits. They then gave the necessary guidance; corrected any faulty practices, assessed and evaluated to ensure development of competency and proficiency by the learners. The educators gave the relevant support, for instance in encouraging and reinforcing good practices. The learners' strengths and deficits in learning were identified on an ongoing basis. Participants also informed the researcher that, during accompaniment, they

ensured that the learners made use of available resources like libraries and the internet. Where learners had problems in the performance of nursing interventions, they let them repeat those interventions until they reached the level of competence.

One participant articulated that demonstration by the learners of the nursing interventions to the clinical facilitators was a way of assessing that the process of development of clinical skills was taking place. This was further encouraged to be done in the presence of other learners to provide peer group observation and critiquing of performances. The understanding was that peer assessment and critique was accepted better by the learners. It also improved their performance as they did not wish to do badly in the eyes of their colleagues. In some instances, where there was a shortage of staff, students were attached to community health workers so that they could get their support to enhance their learning. This group of health care givers was found helpful to the learners, because they live in the community and was acquainted with various problems of the communities. Some participants indicated that they wrote reports on learner performance so that they could have something to reflect on to ascertain whether the particular learners had attained the required skills.

Hwang and Kim (2005) have also found it important to ensure proper mentoring of learning through accompaniment, because it enhances the acquisition of required skills. The same authors, however, warned that, if the teachers put emphasis on mistakes and weaknesses of learners, the learners' zeal to learn might be dampened. Information obtained from the learners suggested controversy regarding student accompaniment, since learners explicitly stated that they were not accompanied, except when being evaluated for continuous evaluation marks. The only accompaniment that learners mentioned was done mostly by unit personnel. The conclusion of the findings on this

aspect is that some of the learners might have developed the required skills and some of them might not have developed those skills.

5. 4. 1. 3 Mentoring as process of student support to facilitate learning

Mentoring is understood in this study as a process of guiding, assisting and supporting the learners to learn effectively. In mentoring, learning occurs within a close relationship between a learner and the one who conducts the process of mentoring. The findings of this study revealed that mentoring was one of the crucial factors to facilitate learning at the Lilitha College of Nursing. Mentoring was accomplished, firstly, by the facilitator creating a relationship with a learner providing an explicit explanation of the purpose of the process, so that the learners could fully realize the expected academic responsibilities. Good relationship was indicated by the participants as the crux of the whole process in order to be facilitated effectively.

Where learners did not cope well with their work, different mechanisms were employed to assist the learners; for instance by being given extra tutorials or tests and assignments. This was done to ensure total comprehension of what was learnt. One participant also indicated that they acted as counselors during the process of mentoring to address problems encountered by the learners during the process of learning. The facilitators and learners acted jointly to solve problems encountered by learners. It was felt that such support would enable learners to develop, and become competent and graduates responsive to the needs of the community.

5. 4. 1. 4 Academic support

The findings of this study indicate that participants saw academic support as another factor that facilitates responsive education and thus responsive graduates. Participants asserted that they had designed remedial programmes which were set to enrich and support learners who were not coping well with the content of their learning. These programmes ensured that learners were re-taught during scheduled sessions; individualized attention was provided in small, manageable groups of learners, to identify and address their problems regarding learning. It was further indicated by the participants that, in cases where the school realized that learners could not cope with the work of the programme at higher levels of training, provision was made to let them exit the programme with some qualification. They would be assisted through advice and recommendations to exit with something that qualified them to be either enrolled nurses or nursing assistants.

It also unfolded from the findings of this study that sisters in the wards supported learners by reinforcing what was learnt in class to ensure that they integrated theory and practice. Some other categories of nurses, rather than professional nurses, contributed towards supporting students' learning, as was revealed by one of the graduates. Nurses from sub-professional groups would help them as well. The researcher observed that libraries were available on the campuses, but learners were indicated as not having much access to computers available for their use. Learners at one campus which does not have a library used a nearby Health Resource Center. This facility had a limited number of books and few computers for accessing information from the internet. It was unfortunate for the learners, because they had to compete for the use of the

computers with doctors and other members of the health profession who were doing post-graduation studies.

The researcher found it quite surprising that there was lack of emphasis on these resources as a means of supporting learners in strengthening their academic work. No research studies on this aspect of academic support were found in the literature that was searched. This implies then that some future studies need to be conducted to explore this aspect as it seems important for facilitating acquisition of competencies. Taking into consideration what the researcher gathered from the participants and her own observations, this factor partially facilitated production of responsive graduates.

5. 4. 1. 5 Psycho-social support

The study found that learners sometimes became stressed because of the challenges posed by the amount of academic work they needed to handle. In other instances, stress would be caused by personal, private problems. In such instances, learners were advised to confide in lecturers with whom they felt comfortable in order to relieve their tension. It was also highlighted that, when the learner's problems were serious, the help of professional counselors would be sought.

5. 4. 1. 6 Financial support

It emerged from the findings of this study that learners were and are still assisted financially to cope with their learning needs. They all received a monthly stipend from the Provincial Department of Health. With that amount of money they were in a position

to buy books and other material used to support their academic work. One participant indicated that Community-Based Education was supported by the government. In the year of gathering data for this study, it was announced that a larger share of that year's budget was earmarked for CBE.

Financial support in education was recorded by Kamien (1999) and Boelen (1999) in their claims about the accountability of academic institutions to their funders, who are the members of the community. The conclusion on this aspect was that there was a possibility that the learners might have developed the required skills to respond to the needs of the community, because they had the necessary material to support their learning during their training.

5.4.1.7. Collaboration with the government and the stakeholders

5. 4. 1.7. 1 The government's contribution

Participants highlighted the government's support as enhancing effective education of learners at the Lilitha College of Nursing. The government was indicated as having put a substantial amount of money in the college's budget earmarked for providing transport to support community-based education. As the college did not ha

5. 4. 1.7. 2 The stakeholders

The findings of the study revealed that the stakeholders who participated in the programmes to facilitate learning, included the service personnel, clinics and the

community. Those stakeholders participated in teaching of students as they were allocated to various clinical settings. It was highlighted that they took part in ensuring accompaniment and that mentoring of learners was done. To facilitate teaching at the services and in the clinics, the facilitators provided those areas with the placement objectives which spelt out the nursing interventions learners needed to acquire at particular periods of their placements in their areas. Participants further indicated that stakeholders in the community who were often involved in teaching the learners were Community Health Care Workers. Those Community Health Care Workers orientated the learners in how to do family surveys and about families who had individuals with health and social problems that warranted special attention.

5. 4. 1. 8 Not using the lecturing method

In the findings of this study, the responsiveness of the programme was ascribed to the fact that the programme no longer uses traditional methods of teaching like the lecturing method. Traditional methods of teaching were explained by the participants as methods that deny the learners the opportunity to be actively involved in learning so as to enhance acquisition of required skills appropriate to producing responsive graduates that would be in a position to cater for the needs of the surrounding communities. Traditional methods of teaching were explained as not being motivational as far as self-directed learning was concerned, but encouraging mere memorization of facts and thus leading to superficial learning. Students are seen as becoming passive recipients of limited information from the lecturing nurse educators. The abandonment of the lecturing method of teaching was regarded as a positive move by the college staff, because it was suggested by some authors, for instance Mtshali (2003) that it has

limitations as a pedagogical approach to learning, because learners are less active during such learning. Bevis and Murray (1990), cited by Mtshali (2003), suggested that the lecturing method denies the learners the opportunity to learn how to learn, to critique and how to deduce their own meaning from what they are learning during the learning session. On the other hand, a lecturing method, which is derived from a product-based approach to learning and centers on transmission and mastery of academic subject matter, is supported by Ornstein and Levine (1997) and Gwele, (1996). These authors assert that it helps to build the character of the learner. Oermann (1991) indicated that this is essential, especially when teaching the nurses the values and the norms of the profession. Gwele (1996) further indicated that the lecturing method is relevant to the nursing profession, because the profession has a regulatory body which prescribes what is regarded as essential knowledge and skills and expects evidence that learners have mastered such skills.

Regarding the findings of this study, much as it was indicated that the lecturing method had been done away with, observation of teachers showed that this was the strategy that was used mostly. There was limited participation of the learners during the teaching-learning process. Concluding on the findings of this study regarding this aspect, the programmes of the Nursing College did not seem to respond to the needs of the population of the Eastern Cape.

5. 5 Inhibitory variables to responsive education and production of responsive graduates

5. 5. 1 English language as a medium of instruction is a problem

English is the prescribed language of tuition in nursing education at the colleges of the Eastern Cape. As such, it is crucial for learners to be able to express themselves in writing and speaking this language. If it has not been mastered at the lower levels of learning, it creates problems in facilitating learning. The findings of this study record that participants explicitly expressed that inability of the learners to express themselves was one of the major factors which prohibit production of responsive graduates. One participant explained that the majority of students at her particular campus come from the rural areas, and therefore from disadvantaged schools with the kind of education which is deemed poor. These learners were identified as having problems with expressing themselves in English. The researcher observed that there were moments when the lecturers had to express themselves in vernacular to accommodate those learners who had a problem with the language. This is very unfortunate, since this language happens to be prescribed as the medium of instruction. It was highlighted that learners at times struggled to understand and comprehend some of the basic language concepts. This, therefore, is a possible cause of deficits in adequate acquisition of the expected competencies that are required to make learners responsive graduates on completion of training. It is crucial for learners to be in a position to develop the skill of writing and reading in all relevant languages. No studies in support of this aspect, however, could be found in the available literature.

5. 5. 2 Overloaded curriculum

One participant's observed that proper learning by the students was hindered by a curriculum which was overloaded with content that required mastery of a massive amount of theory. Learners were also confronted with a lot of content which they needed to relate to practice during their experiential learning and they had to do so over a short period of time. This was regarded as denying the learners the opportunity of realistic and effective learning. It prevented the development of skills which would otherwise enable the learners to be responsive graduates to the extent that learners still felt incompetent, even after graduation. The implication of these findings for nursing education is that it is the core theory and skills that need to be mastered; attempting too much, according to essentialists like Ornstein and Levine (1997), lead to a curriculum which is overloaded with content. It is concluded that this factor hindered production of responsive graduates.

5. 5. 3 Difficult terminology used in nursing

Various professions have their specific jargon which is used to explain aspects within it. So has nursing. One participant revealed that students had experienced problems in coping with work due to the difficult terminology used in the content of nursing. This participant indicated that learner's battle for some time to master the unfamiliar and complicated words in nursing. If the learners fail to understand the language used in the profession, it is possible that they will not achieve to ability to apply the theory they learn in class appropriately. Such a deficit might lead to failing to acquire the required competencies.

5.5.4. Dominating male students

One participant indicated that the programme was dominated by male students whose behavior became difficult to control. Their lack of discipline leads to learners not applying themselves seriously to their school work and thus failing to be properly developed. If such learners manage to complete the programme, they might not necessarily attain the competencies required from them. There was a lack of literature to support this aspect in the literature reviewed. The implication regarding this aspect in this study, however, is that the development of skills required for the production of responsive graduates is hindered.

5. 5. 5 Lack of mentorship in the clinical area

The findings of this study revealed that some participants regarded mentorship as the factor which facilitated learning, while the others regarded it as prohibitory to effective learning. This was attributed to: (1) a staff shortage in the clinical settings; (2) large groups of learners per intake; and (3) a high rate of absenteeism of learners in the clinical area. This denied the learners opportunity of exposure for development of skills.

Mentoring in the clinical area was explicitly indicated by some learners as lacking; they asserted that nurse educators would only go there for purposes of assessing them for clinical examinations. Much as some of the graduate participants stated that mentoring was done to support their learning, they raised the issue of there being no provision to support learners who did not cope with their work. Since

mentoring provides the necessary educational and personal support to the students during clinical performance, failure to do it deprives the learners from the opportunity of empowerment and the enabling development of skills. Some controversy was recorded in the findings of this study regarding mentoring of learning. The conclusion to these findings was that, if mentoring was not effected, the programme might have failed to produce responsive graduates.

5. 5. 6 Staff turnover

The findings of this study record a reported high staff turnover at the college. Staff turnover leads to staff shortage and constant employment of new members. Shortage of staff, in turn, impacts negatively on the learners' performance. In the first place, learners are subjected to a situation where they have to adjust to ever-changing styles and approached to teaching of different tutors. Secondly, it results in a lack of personnel to accompany and mentor the learners in the clinical situation. The conclusion regarding this aspect of the study is that, in the absence of proper learning, there is no possibility that learners who are exposed to situations that hinder effective learning, like those indicated above, could be made responsive to the community's needs.

5. 5.7 Large groups of students

It emerged from the findings that large groups of learners per intake was one of the factors hindering effective teaching and learning. The size of the student population made it difficult to ensure sound teaching and learning as it was not possible to readily

identify weaknesses of some of the learners if they were in large groups. Accompanying them effectively in the clinical area also became difficult and less effective. The large groups of students were attributed to the processes of transformation and mergers of nursing education colleges. Where teaching is not effective, the possibility arises that cognitive, psychomotor and attitude skills and values may not necessarily have a chance to be adequately developed. The possibility of producing responsive graduates who could respond to the needs of the communities becomes questionable.

5. 5. 8 High rate of absenteeism

The findings of this study show that a high rate of absenteeism was another hindrance to effective teaching and learning. Such absenteeism was indicated as being most marked when learners had to engage in experiential learning. Absenteeism was regarded as depriving the learners of significant time for experiential learning by which to acquire the skills required for becoming responsive graduates. Nursing as a discipline has its strength vested in the application of theory to practice. Failure to do so leads to improper development of the competencies which are crucial to nurse patients. The implication of these findings with regard to this aspect is that there is a possibility that the college has produced graduates who were not responsive to the needs of the community as they were indicated as absenting themselves from the clinical area.

5. 5. 9 Poor Interpersonal relationships between the college and the staff of the clinical area

It emerged from these findings that the interpersonal relationships between the college staff and the unit staff were not good at some campuses. This resulted from the fact that unit staff members worked under stressful conditions like staff shortage and yet were expected by the college staff to mentor students. On the other side the staff from the clinical areas expected the members of the college to follow up on their learners in order to reinforce what they taught in the classrooms. Poor relations were quoted by participants as a factor which prohibited proper guidance and teaching of the learners by the ward sisters. It was further indicated that such a negative relationship created an environment which was not conducive to proper learning. The learning environment in which learners are placed needs to be conducive to learning and enriched with support from skilled practitioners and nurse educators. If the clinical environment is rich in clinical experiences and lacks support for learning of students, the learning experiences of learners would be hampered. Such an environment would also dampen their zeal to learn and learners would subsequently lose opportunities for the development of competencies that are required for their professional growth.

5. 5. 10 Unavailability of transport

The study revealed that participants held differing views on the impact of transportation on the development of graduates who would respond appropriately to the needs of the surrounding communities. Some referred to the transport as one of the factors that facilitated responsiveness in the programme whilst others said it hindered it.

When transport was unavailable, learners lost valuable time that was to be spent in the community. This reduced the period of their exposure to the clinical area in the community. The programmes that were offered made allowance for allowed extended experience in the community. Failure to go to the clinical area, reduced the period for experiential learning, thus depriving the learners of the opportunity to develop the skills they would achieve in the community, which was expected to facilitate responding to the needs of the communities.

5. 5. 11 Lack of resources

Resources and facilities are crucial in making the clinical area conducive to learning for students, as they are accessories which support the performance of activities involved in patient care. The study found that participants lacked resources and equipment in the clinical area. This was cited as factors that hindered effective learning to produce responsive graduates. It also made it rather difficult to perform some of the activities which were geared towards facilitating the development of competencies that would shape responsive graduates. Boelen (1999), in commenting on the relevance of education, indicated that the consumers of care could be provided with equitable and quality care if the resources were properly used to address the most essential concerns of individuals and groups. If the resources were lacking, it was not likely that the health needs of the communities could be responded to.

5. 5. 12 Lack of professionalism

According to the Concise Oxford English Dictionary, "ethics" refers to moral principles or rules of conduct. This facilitated their graduates to be responsive to the needs of their communities involves, for instance, that a person who has taken up the profession of nursing is expected to respect patients. The nurse is also expected to carry out her/ his responsibilities governed by moral principles. According to the findings of this study, the caring ethos was lacking amongst the learners of the college. This was indicated by the fact that learners absented themselves from the clinical area where they were expected to render service as part of acquiring the required skills. Access to the nursing profession brings with it that nurses have to abide by all the rules of moral conduct which are part of nursing. Some of the participants indicated that there was a need to restore professionalism so that the caring ethos would again become meaningful to them.

Since it was identified as lacking amongst the students of the college, the nurse educators and the professional nurses in the clinical areas needed to re-enforce professionalism and restore it amongst the students so as to ensure positive, effective learning. What the participants said regarding lack of professionalism and caring ethics led to the conclusion that, if the learners avoided the clinical area and thereby denied themselves an opportunity to develop professionalism and the caring ethos, which are important in the process of nursing care, this deficit prevents their programme's responsiveness to the need of the community.

5. 5. 13 Lack of caring ethos

According to the context of this study, ethics of nursing is described as a philosophy of caring .It is full time commitment of caring for human beings. The crux of such commitment is, use of knowledge integrated with skills, attitudes and values of the profession in order to give valuable service to the community. Ethics is vital in nursing, because it encompasses rendering of services to the communities with respect, justice, kindness, humility and dignity. One participant in this study revealed that the issue of ethos was lacking amongst some of the learners at the college. Some learners did not show any commitment in what they were doing. She further indicated that if they had such commitment it would be important to them to ensure that they did not absent themselves in clinical area, because this was where they would get an opportunity of development of their skills. If they had commitment in nursing which they had joined it would be crucial to them to ensure that they acquired the skills which would make them responsive to their communities.

5. 5. 14 Non-acceptance by the community

Findings revealed that the trend in some communities was not to accept the nurses for doing community-based education in their areas. Community members indicated that nurses tended to impose issues on the community. An example that was given concerned a situation where the nurses felt that building toilets for that community was a priority, whilst the community felt they needed community gardens. Another example that was given involved interference by nurses and disturbance of their activities in what the community regarded as their source of income. The majority

of members in this particular community were not employed and earned their living by selling dagga.

The non-acceptance of the community was regarded as a problem, since it meant leaving one community to negotiate entry at another community. This was regarded as delaying the process of learning, as negotiating for access to communities involve a long process. This often delayed and denied the students an opportunity for experiential learning in the community which would ensure development of their skills. These results for this aspect were of particular interest because it meant that communities which could not be accessed would miss out on the development they needed which could be brought about by the students and college staff members. The implication of these results suggests that it is essential do develop negotiating skills to make it possible to access all the communities of the region in order to be responsive to the needs of Eastern Cape.

5. 6 Competencies of graduates

5. 6. 1 Leadership and management skills

The findings of this study reveal that the programmes that are offered produce graduates who attain skills that are appropriate for them to respond to the needs of the communities, for instance management and leadership skills. These skills were indicated as to be used to empower and enable the communities to start and maintain self-sustaining activities like projects. Such projects would enable members of the community to look after their own health. Participants also expected leadership skills to enable the graduates to integrate their activities with other members of the

multidisciplinary health care team in all health care settings. Leadership skills were highlighted by some participants as enabling graduates to have insight in managing diversity and coping with change. They would also become good organizers of their health care activities. From the findings of this study, it was evident that the learners developed management and leadership skills as indicated and that they were trained in taking the lead in coming up with initiatives which made the communities set up self help projects like home gardens. In line with these findings was what Richard (2001) pointed out, namely that community-based education and problem-based learning encouraged students to take the lead in engaging members of the community to participate in community projects, for instance income generating projects like baking, as was the case in one community in Richard's (2001) study. Mouton and Wildschut (2005) and Maltby (2006) also mentioned the development of leadership skills by learners since the courses which enhanced the placement of the students in the community helped them to develop leadership and project planning abilities and to work collaboratively with other groups. Regarding this aspect, the curriculum seemed to respond to the needs of the Eastern Cape community.

5. 6. 2 Collaborative skills

The participants felt that collaborative skills were amongst the skills which enabled the programmes of the Eastern Cape to be responsive to the needs of the communities. These skills enhance the graduates' ability to work together with other members of the health care team and the communities. The participants claimed that nursing graduates were individuals who would never give care from their perspectives only, as if they were the sole practitioners catering for all the diverse needs of the

community in the health care setting, hence they were assured that the learners were taught the importance of utilizing the other members of the health care team to meet the community's needs.

Awareness of the health care reforms that entail the movement away from hospital-based care to clinics, homes, health care services, hospices and other community settings was indicated by participants as having prompted the teachers to ensure that the college's programmes develop such a competence. These different settings, in which diverse populations were served, required the collaboration of teams of health care workers. Collaboration was taken as essential and quality of care was based on the recognition and appreciation of the contribution that each discipline brought to the health care delivery experience. Richard (2001), Maltby (2006), and Julie et al. (2005) have supported the importance of developing collaborative skills to meet community needs and asserted that learners are able to collaborate their activities with other members of the multidisciplinary team in an attempt to cater for the needs of the community. Oandasan et al. (2004), reporting on the outcome of their study, also recorded findings similar to those of this study and indicated that one of the characteristics of responsive graduates was their ability to collaborate their activities with other health care professionals. It is then conclusive that the curriculum of the Eastern Cape is responsive in producing graduates with the relevant skills for tackling the needs of the communities of the Eastern Cape.

5. 6. 3 Self-directedness

In the findings of this study, self-directedness is articulated as one of the essential characteristics developed by the curriculum of the Eastern Cape College. This was attributed to the fact that the curriculum of the college used strategies of learning like CBE, OBE and PBL, which encourage the implementation of education that facilitates self-directed learning

Participants indicated that, if learners were exposed to self-directed learning it would lead to more than mere acquisition of content, but would assist in encouraging continuous engagement by learners in critical thinking, as well as lifelong learning because students learn to find information for themselves. In line with findings by Cooke and Moyle (2002), PBL was indicated as a means of enabling learners to acquire the ability of self-directedness in their learning, by developing the ability to identify their learning needs. Dimitrios (2007), a constructivist, supports student-centered learning by which learners become self-directed; they interact with the environment to discover meaning (Dimitrios, 2007), they organize their learning and this enables them to identify their needs (Knowles, 1984).

5. 6. 4 Advocacy for the rights of individuals, families and communities

Advocacy is a form of offering much needed support to clients by caregivers. In the context of this study, it involves sharing responsibility between all health professionals to enhance collaborative health care practices in the best interest of clients. Advocacy should be a primary concern when the patient is vulnerable and does not know who can provide the services she/ he requires.

Advocacy for members of the community who need health care was revealed as yet another skill required to be developed by graduates who were educated and trained in the Eastern Cape programmes to enable them to respond appropriately to the needs of the surrounding communities. These communities need people from whose knowledge and expertise they can draw in order to solve the problems of individuals, families and the community. The participants revealed that there was a need to emphasize developing the skill of advocacy so that the learners leave the programme having been made fully aware of the support advocacy can offer to the clients and patients. Advocating for the rights of the clients was further explained by the participants as encouraging continued provision and development of comprehensive quality nursing care. Oandasan et al. (2004) pointed to advocacy as an important function that is developed and offered at various levels to both individuals and the community who need help. The findings of this author's study showed that clients and patients were referred to where resources were available in their communities. In some cases, if the nurses could not provide the care required, referrals were made to those who had the required expertise. The Pew Commission (1998), whose findings are supported by the findings of this study, indicated that responsive graduates advocated for the policy that promoted and protected the health of the public, and helped others to learn. In this manner the learners were oriented towards realization of the role of advocacy. . The findings of this study also concurred with Richards (2001), who indicated that one of the essential skills, according to the findings of that study, which evaluated the PBL and CBE programme, was that the graduates needed to advocate for the needs of the patients and the community in the public policy arena. In conclusion, regarding the aspect of advocacy by the nurses for the individuals, families

and community, the programme of the college seemed to respond appropriately to the needs of the community.

5. 6. 5 Produce researchers

The findings of the study also revealed that the curriculum that was offered was made responsive to the needs of the people. Respondents explained that this was accomplished by making research part of the content, teaching the fundamentals of research theory and then expecting students to do mini-research projects at level four of their training. The purpose of this exercise was to develop their research skills and enable graduates to engage in research in order to find solutions to the problems of the communities.

Development of research skills were supported by George (1999). Curtoni (1999), commenting on medical education, also pointed to research as one of the important responsibilities of health profession schools, so that all could be involved in solving the multidimensional clinical and social problems of communities. This author suggests that learners and the teachers should be partners in accumulating and distributing information/ knowledge which might help to improve the welfare of the communities. The findings of this study support the notion that, with regard to the aspect of research, the programme of the college was responsive to the needs of the Eastern Cape Province.

5. 6. 6 Ability to give health education to clients

It became evident from the data that ability to give education was a crucial skill to be acquired. Learners would be expected to teach junior colleagues, the patients, and members of the community. They should develop this skill by the time they graduate. The ability to give health education encourages learners to impart knowledge about diverse issues that pertain to health-related needs in the community. Patients generally are not well acquainted with what happens in the hospital or clinic setting, for instance, with regard to their health problems, the use of available resources in the community, or about whom to approach for help in solving their problems. According to Oandasan et al. (2004), health education offered by professionals was regarded as important in providing information to the community members on the prevention and management of diseases. The findings of this study show the programme of the Eastern Cape College to be responding to the needs of the community.

5. 6.7 Communication skills

The findings of the study revealed that it is essential to attain communication skills during training. Learners needed to interact with and empower the community to look after their own health so as to promote it and prevent disease. Clarity in communication and good listening skills on the part of learners when dealing with clients, were indicated as important skills that needed to be developed. These skills were regarded as significant, as they also enhanced ability to get informed about the concerns and the problems of the patients. The implications of these findings were that, with attainment of

communication skills by the learners, they would be able to respond appropriately to the needs of the communities after qualifying.

In support of the development of communication skills, Maltby (2006) asserted that being involved in CBE and in group learning made learners appreciate how essential communication was in learning. Learners felt that it was necessary to develop communication skills quite early in the training (Mennin & Mennin, 2006). Richard (2001) also indicated that it was important that learners develop their basic manner of communicating with clients. In this regard, it was concluded that the programme is responsive to the needs of the community as the participants affirmed that this skill was developed during education and training of the learners.

5. 6. 8 Negotiation skills

The findings indicated that learners who exit the programme should have been taught negotiating skills. Development of these skills is made possible when learning takes place in the community. When learners access the homes of the families in the community, it becomes imperative for them to engage in negotiations with family members. It emerged from the data sources that the learners did negotiate with the members of the community and their teachers about the activities involved in their learning, for instance through learning contracts with the teachers, and collaboration with other members of the multidisciplinary team.

The findings of this study concurred with what was indicated by Julie et al. (2005), in that learners had to negotiate with the teachers to discuss the learning programme during the process of learning. The learners also negotiated the collaboration of their

activities with the other members of the multidisciplinary team, as well as with members of the community. Knowles (1984) also supported the development of negotiating skills during learning, and emphasized the importance of learner involvement in organizing the learning opportunity, because this compels the learner to negotiate learning contracts in light of the curriculum. Involving the nurses in these activities enabled them to acquire one of the skills envisaged to produce responsive graduates who would cater appropriately for the needs of the community.

5. 6. 9 Team building

It was revealed from the findings that participants regarded team building as one of the characteristics that had to be developed in teaching learners to be responsive to the needs of the community. Team building was said to be important as it facilitated the community to identify problems and needs collectively. It is also important because it makes it easier for a community to engage in projects for the general improvement of their lives and health status when they do so as a community. They are enabled to tackle their problems jointly. Team building could also enhance development of collaborative interactions and interventions in the solution of community problems. Participants indicated that team building was facilitated by the use of teaching strategies like Community-Based Education and Problem-Based Learning, which encouraged learners to work together as colleagues, to work with the community members and with the members of the multidisciplinary team. The findings of this study supported Cooke and Moyle's (2002) findings, which indicated that PBL facilitated working in teams. Carlisle and Ibbotson (2005) found that it made learners work together

in taking responsibility for their learning activities. According to these findings the programme on this aspect responds appropriately to the needs of the community.

The Pew Commission (1998), concluding on several studies conducted by them, indicated that competencies required from health professionals who are responsive to societal needs include the following: (a) embracing the personal ethics of social responsibility and service; (b) exhibiting ethical behaviour in all professional activities; (c) providing evidence-based clinically competent care; (d) incorporating the multiple determinants of health in clinical healthcare; (e) applying knowledge of new sciences; (f) demonstrating clinical thinking, reflection and problem solving; (g) understanding the role of primary care; (h) rigorously practicing preventive care; (i) integrating population-based care and services into practice; (j) improving access to health care to those with unmet health needs; (k) practicing relation-centered care with individuals and families (providing culturally sensitive care to a diverse society); (m) partnering with communities in health care decisions. In this study, findings on the development of competencies indicated that the learners had fully developed some of the competencies and partially developed the others.

5. 6. 10 Reflective skills

The findings of the study revealed that reflective skills were regarded by some participants as important in facilitating the graduates' ability to be responsive to the needs of the surrounding communities. Participants indicated that, in rendering health care, it was crucial that individual health care givers be able to reflect and evaluate the implementation of health care activities to ascertain whether they benefited the

consumers of health care. Since the teaching approach was Community-Based Education (CBE) combined with Problem-Based Learning (PBL), the learners were exposed to various health care settings; they were capacitated to reflect on the different situations they were exposed to in the community. They were further encouraged to use such opportunities to make meaning of what they experienced, to be guided in making decisions about identified needs and problems of the individuals, within families and the community. Their involvement in such activities enhanced the development of reflective skills.

The conclusion on this aspect was that the programme of the Eastern Cape College was made responsive to the needs of the community, because the learners were actually involved in CBE throughout the four years of study.

5. 6. 11 Ability to acquire life skills like Independence, critical thinking, analytic skills and problem solving skills.

5. 6. 11. 1 Independence

The findings of this study indicated that the graduates produced through the college curriculum were developed to be in a position to work independently in giving nursing care. Being able to work independently enhances responding promptly and appropriately to needs as there is no delay in attending to problems. Such graduates would not need to rely on another person's assistance in executing their nursing care responsibilities. According to the participants in the study, the use of non-traditional strategies of learning enabled learners to acquire such a skill. If such skills were attained it was believed that the graduates would respond appropriately to the needs of the

community. Julie et al. (2005) supported the fact that having students learning in community settings facilitated independent thinking by the learners. The findings of this study on the independence of learners are in line with those of Hwang and Kim (2005), who have also indicated that PBL encouraged independence in learning. Regarding these aspects, the researcher's observations have led to the conclusion that some learners may not really have developed this skill as the predominant method of teaching that was observed relied on lecturing. The implication of the findings is that the programme partially responds to the needs of the surrounding communities.

5. 6. 11. 2 Critical thinkers, critical reasoning skills

Critical thinking was one of the skills which were indicated as crucial for nurses to be responsive to the needs of the communities. The South African Nursing Council, which is the Education and Training Quality Assurance body, in its policies for education indicates critical thinking skills as imperative in nursing education, Critical thinking skills are crucial in the nursing profession, because nurses are always dealing with clients and patients who present with a vast range of problems which nurses need to solve or assist them to solve. The findings of the study clearly indicated that the graduates who were produced should have analytical minds, be able to look critically at the situation where care is given, and consider the information given about the clients' needs and problems. Sound critical thinking skills make it possible for them to take decisions independently and decide what needs to be done in unique scenarios presented by each individual, family and specific community. Cooke and Moyle (2002) also stressed the importance of developing critical thinking skills while learning. These authors

indicated that such a skill could be developed by exposing learners to the kinds of learning which encourage active involvement during the teaching- learning process.

According to Maltby (2006), involving the learners in CBE encourages active participation and during such a process they develop the ability to assess and interpret information obtained from various sources. Maltby (2006) asserted that such involvement helps learners develop nursing skills which are analytical and critical thinking. Clayton (2006) also asserted that ability to think critically in a variety of clinical practice settings is a requirement for new nurse graduates.

5. 6. 11. 3 Analytical skills

Data sources revealed that analytical skills were important in responsive education. These skills emanate from the development of critical thinking by which practitioners are enabled to assess a patient's problems and analyze the information obtained from clients or observation so as to identify the problems and the needs of individuals, families and the community. Once they have done so they are in a position to generate effective and evaluative approaches to patient care. The findings of this study concur with Maltby's (2006) findings regarding learners developing analytical skills once they are in community settings, because they are able to access the facilities and then determine what the clients need.

Since the programme of the college uses strategies that expose the learners to applying their knowledge in real life situations in the community, it is possible for the learners to develop this skill; they are enabled to focus on the links between nursing theory and clinical practice. The constructivists, for example Dewey (1938), who use the

process-based approach to learning, also support exposing learners to situations which facilitate engaging in constructing the meaning of what they learn to develop analytical thinking skills. However, having shown that lecturing was the main method used by most teachers at the college, the conclusions on this aspect are that the programme partially responds to the needs of the communities of the Eastern Cape.

5. 6. 11. 4 Problem-solving skills

Problem-solving skill was articulated by participants as necessary to respond effectively to the needs of the people. The use of learning approaches which ensured active participation enabled them to explore and solve problems with and within the community. The findings of this study concurred with findings by Richard (2001), who indicated that institutions which were involved in PBL and CBE conducted their activities in the community and such a practice enabled the learners to have insight into the dynamics of the community and this provided an opportunity for the learner to solve the problems together with the community. Dewey (1938) also asserted that the learners learn best when they work in groups with the teacher and others and trying to solve problems. The community setup with the teaching strategies adopted by the college enhances the development of problem-solving skills.

According to the findings of this study, the programme managed partially to develop this skill which focuses on the solution of community problems. On the other hand, the findings implied that the development of this skill might not have been relevant to surrounding needs and problems; a participant who was a graduate of the

college indicated that the teachers tended to create paper problems around conditions that were not prevalent in the Eastern Cape.

5.7 Recommendations from the findings of the study

The new health care delivery system, which has an underpinning philosophy of primary health care, has been around for a number of years, together with calls for tailoring nursing education programmes to be in line with the health care system. This has created a need for all nursing education institutions to make an effort to meet the requirements for the present health care delivery system, so as to respond to the needs of the population. Such efforts entail the following:

5.7.1 Curricular review

It is recommended that the existing curricula at the colleges be reviewed so that they are in line with the current health care delivery system, which promotes primary health care (PHC). Curricula should integrate the national health care priorities and HIV and Aids issues. Levels at which these priorities are integrated in the curriculum should be clearly stipulated. There should be clarity as to which of these national health care priorities are integrated and at what levels.

Apart from the review of the curriculum, it is essential to develop all nurse educators to be conversant with various types of curricula, for instance, product-based, process-based and competency-based curricula. Knowledge of these would raise the educators' awareness of the implications of each curriculum in teaching. They would

also be able to draw from the appropriate teaching strategies recommended for each type of the curriculum. Educators would be enabled to mix these strategies in their teaching, because they are essential in developing the competencies related to knowledge, skills and, specifically, attitudes, norms and values of the profession that are required from each graduate.

5.7.2 Teaching strategies

The teaching-learning approaches become quite crucial in training learners to graduate as responsive to the needs of the community. Teaching strategies which develop the learners to be active participants should be adopted, for example community-based education (CBE), problem-based learning (PBL) and outcomes-based learning (OBE). These strategies should not just be written in the curriculum and be verbalized as the appropriate ones for effective teaching. They need to be implemented. There should be an effort to develop the skills of the educators for to facilitating learning through the use of such strategies. This could be ensured by running a series workshops where experts on their use are invited to facilitate the development nurse educators

The development of nurse educators becomes even more important because of the high turnover of staff at the college where those recruited are usually from service. This means that they are definitely ignorant about these teaching strategies.

5.7. 3Research

The researcher considers it important to conduct a survey to explore how nursing colleges develop their learners to acquire research skills. The recommendations on this aspect would be to encourage conducting Action Research as crucial. This is envisaged as assisting learners to develop insight into their practice, problems and needs of their clients/ patients. This would develop a sense of rendering evidence-based care which responds directly to the needs of the patients/ clients to the health care consumers.

5.7. 4 Learners' needs

Learners form part of the teaching and learning package. They have learning needs which can influence their responsiveness as graduates. In this regard, a research study is recommended for exploring how they perceive their own education and training. Nurse educators may be content with their curriculum and teaching and fail to realize that the learners experience some awareness of inadequacy in their preparation as professionals.

5. 7. 5 Support the students' skills In reading and wrtling

It became evident from the findings of this study that the learners at some campuses of this college have tremendous problem in expressing themselves in English language prescribed for tuition at the nursing colleges. It is highly recommended that educators take this as a serious threat to effective education. It is therefore essential

that learners are encouraged to speak this language. Their writing skills too, can be improved through engaging them in conducting case studies and made to compile notes on these and present them in class. Constantly correcting their language when they speak and write might help improve their linguistic skills.

5. 8 Limitations of the study

The researcher's efforts were hampered in several ways. There were delays due to participants who took unduly long to respond to requests to visit their places for data collection. Some of the participants would make appointments with the researcher and not honor them. In other cases, interviewees would to some extent intimidate the researcher by, in spite of having agreed to participate, putting pressure on the researcher for taking their time, thus delaying them from going on with their tight schedules. Some of those who were approached did not consent to participate as they felt they were not the relevant participants in this study.

Lack of equipment, for example appropriate software to support the study and to facilitate easy ways of analyzing data introduced further hindrances. Lack of people who have expertise in ethnography was yet another limitation, as the researcher had no one at hand to assist her when she needed such assistance until very late in the process of struggling through study. Although this individual was consulted late, he offered much appreciated guidance.

5. 9 Conclusion

This study has provided information on a wide range of aspects which were uncovered as relevant to making education responsive. The discussion elucidated what was understood as responsive education. A brief discussion was therefore given on models of curricula which encourage active participation of learners during the teaching/ learning process, and thus enhances production of graduates with competencies which enable them to be responsive to the needs of the people. The discussion also presented the factors which were indicated as facilitating and inhibiting responsive education. What was of particular interest in the findings was that much of the teaching-learning process was indicated as being undertaken to facilitate production of responsive graduates through the use of learning strategies that encouraged student participation. However, in real practice, the lecturing method of teaching was used predominantly. Also of interest in the findings was that the majority of the competencies which were indicated as being enhanced were the competencies which would be developed when methods of teaching which encourage active learner participation were used.

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**ANNEXURE A: RESEARCH PERMISSION FROM
POLICY MAKERS**



Eastern Cape Department of Health

Enquiries: Dlamini Thomas
Date: 6 December 2005
E-mail address: thomas.dhlamini@tmp10.ecprov.gov.za

Tel No: 040 639 3408/9
Fax No: 040 639 1440


Dear Mrs. AN Mbatha

RE: RESPONSIVENESS OF NURSING EDUCATION PROGRAMMES AT LILITHA COLLEGE OF NURSING TO THE NEEDS OF THE EASTERN CAPE POPULATION

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants. You will not impose or force individuals or possible research participants to participate in your study. Research participants have a right to withdraw anytime they want to. However, you shall be responsible in dealing with any adverse effects following the research treatment provided in your study.
3. The Department of Health expects you to provide a progress on your study within 6 months (from date you received this letter) in writing and shall have a right to halt the study if there is a proof of human right violation which might have undermined ethical consideration.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.


6/12/2005
EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT
EASTERN CAPE DEPARTMENT OF HEALTH

The copy of this letter should be presented to the Hospital Superintendent or CEO for approval and ensure that confidentiality and observe ethical consideration.

**PROVINCE OF THE EASTERN CAPE
ISEBE LEZEMPILO / DEPARTMENT OF HEALTH
EAST LONDON HOSPITAL COMPLEX
CORPORATE SERVICE CENTRE**



X9047
EAST LONDON, 5200

Reference:

Enquiries:

Email: luvuyo.mosana@implo.ecprov.gov.za

☎ 043-703 5302

Fax: 043-703 5317

Date / Umhla: 13 December 2005

Mrs A N Mbatha
P O Box 4068
KING WILLIAM'S TOWN
5600

Dear Mrs Mbatha

RE: PARTICIPATION OF HOSPITAL BOARD MEMBERS IN THE RESEARCH STUDY

Your letter dated 07 December 2005 is hereby acknowledged.

Please be advised that your request has been approved. It must be mentioned that the Complex Hospital Board has not been formed as yet. Each institution (ie. Frere and Cecilia Makiwane Hospitals) has their own Hospital Board.

The correspondence has been forwarded to the Secretariat of the respective Hospital Boards who in turn will contact you regarding the date of the next Hospital Board meetings.

Regards

✓ MR L MOSANA
CHIEF EXECUTIVE OFFICER : EAST LONDON HOSPITAL COMPLEX
LM/bs

Cc Hospital Board Secretariat



ISEBE LEZEMPILO

DEPARTMENT OF HEALTH

LILITHA NURSING COLLEGE
EAST LONDON CAMPUS, FRERE SITE
Private Bag X9023, BUFFALO CITY, 5200

TEL : (043) 709 2136

FAX : (043) 7434265

Referensi :
Reference :

Imibuzo :
Enquiries : Mrs C N Diabantu

Umhla :
Date : 2 March 2006

Mrs N Mbatha
P O Box 1054
EAST LONDON
5209

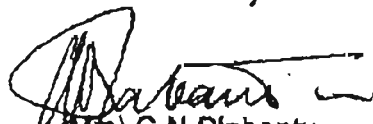
Dear Mrs Mbatha

SUBJECT : REQUEST TO CONDUCT INTERVIEWS AT EAST LONDON CAMPUS

- Your letter dated 16.01.06 refers.
- Permission is hereby granted to you to go ahead.
- Good Luck in your studies.

Thank you.

Yours sincerely,


(Mrs) C N Diabantu
CAMPUS HEAD

/sr



Ikamva eliqaqambileyo!

Province of the Eastern Cape. Iphondo leMpuma- Koloni

**ISEBE LEZEMPILO - DEPARTMENT OF HEALTH
DEPARTEMENT VAN GESONDHEID
BUFFALO CITY HEALTH LSA
(EAST LONDON)**

Private Bag /Ingxowa Eyodwa X9015, East London, 5200, SOUTH AFRICA

BATHO PELE
(PEOPLE FIRST / ABANTU KUQALA)

Ref No:

Telephone: 043 - 7437733
Facsimile : 043 - 7430032

Imibuzo :
Enquiries : M.M.WOGQOYI
Date: 2006-06-02

Mrs.A.N.Mbatha
Lilitha College of Nursing
Eastern Cape

Dear Madam

RESEARCH STUDY WITHIN BUFFALO CITY LSA

Your application dated 30/05/2006 regarding the above is hereby acknowledged and approved.

You will only be allowed to do this research at the following areas

- Peddie SubLSA
- Bhisho SubLSA
- East London SubLSA

Permission from the PDOH is also received..

Yours sincerely

**MR.MM.WOGQOYI: LSA MANAGER: BUFFALO CITY
DEPARTMENT OF HEALTH: EASTERN CAPE PROVINCE**

CC.

- Peddie clinic supervisors
- Bhisho clinic supervisors
- East London clinic supervisor



ISEBE LEZEMPILO

DEPARTMENT OF HEALTH

LILITHA NURSING COLLEGE
EAST LONDON CAMPUS, FRERE SITE
Private Bag X9023, BUFFALO CITY, 5200

TEL : (043) 709 2136

FAX : (043) 7434265

EMAIL : wendy@hltrijb.ecape.gov.za

Referens
Reference :

Imibuzo :
Enquiries : Mrs Y Madubela

Umhla :
Date : 2 February 2006

Ms N Mbatha
University of Fort Hare
EAST LONDON
5200

Dear Mrs Mbatha

APPROVAL FOR CONDUCTING RESEARCH AT THE LILITHA CAMPUSES

Approval is hereby granted with reference to your request regarding the above matter to conduct Research in the campuses of Lilitha College of Nursing.

It is therefore assumed that the College will benefit from this initiative through your recommendations and reports.

I wish you all the success in your study.

Thank you.


ACTING DEPUTY HEAD

**ANNEXURE B: RESEARCH PERMISSION FROM
LILITHA NURSING COLLEGE HEAD AND CAMPUSES**

P.O.Box 4068

King William's Town

5600

Telephone: 043- 7224372

Fax :

Cell : 083 7491478

Date : 16- 01- 2006

The Campus Head,
Mrs Chetty,
Lilitha Nursing College
Port Elizabeth Campus

Dear Madam,

Regarding: A request to conduct interviews at your institution

I am a research Masters Student at the University of KwaZulu Natal, School of Nursing.

As part of fulfilling my study requirements I have to conduct a research study. The title of the study I am conducting is **'Responsiveness of nursing education basic programmes at Lilitha College to the needs of the Eastern Cape population'**

The whole idea of the study is to explore if the graduates that are educated and trained through these programmes do acquire skills that are appropriate to respond to the needs of the Eastern Cape population.

I have targeted six groups of participants, and one of them are Heads of Campuses of Lilitha College.

Once you grant me that opportunity, I will spent two days at your institution, examining relevant documents that I have spelt out in my proposal.

I would also like to get into the classrooms where teaching is taking place as well as going into the clinical area especially in the community for three days.

According to my study plan, I have scheduled to do data collection between January and March, 2006

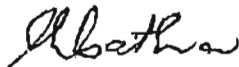
I would therefore highly appreciate it, if you could respond to my request as soon as possible since I have a wide range of participants to contact and interview.

I submitted my research proposal to the university ethics Committee for approval and it has been approved. I have also secured permission to conduct this study from epidemiological research & Surveillance Management of the Eastern Cape Department of health. The principal of the college too, has granted me permission to access institutions under her authority.

I guarantee that participation in this study will be voluntary. Anonymity and confidentiality will be maintained throughout.

I will highly appreciate it, if my request will be favourably considered

Yours truly,

A handwritten signature in cursive script, appearing to read 'Mbatha'.

A.N. Mbatha

P.O.Box 4068

King William's Town

5600

Telephone: 043- 7224372

Fax :

Cell : 083 7491478

Date : 16- 01- 2006

The Campus Head,
Mrs Dlabantu,
Lilitha Nursing College
East London Campus

Dear Madam,

Regarding: A request to conduct interviews at your institution

I am a research Masters Student at the University of KwaZulu Natal, School of Nursing.

As part of fulfilling my study requirements I have to conduct a research study. The title of the study I am conducting is **'Responsiveness of nursing education basic programmes at Lilitha College to the needs of the Eastern Cape population'**

The whole idea of the study is to explore if the graduates that are educated and trained through these programmes do acquire skills that are appropriate to respond to the needs of the Eastern Cape population.

I have targeted six groups of participants, and one of them are Heads of Campuses of Lilitha College.

Once you grant me that opportunity, I will spent two days at your institution, examining relevant documents that I have spelt out in my proposal.

I would also like to get into the classrooms where teaching is taking place as well as going into the clinical area especially in the community for three days.

According to my study plan, I have scheduled to do data collection between January and March, 2006

I would therefore highly appreciate it, if you could respond to my request as soon as possible since I have a wide range of participants to contact and interview.

I submitted my research proposal to the university ethics Committee for approval and it has been approved. I have also secured permission to conduct this study from epidemiological research & Surveillance Management of the Eastern Cape Department of health. The principal of the college too, has granted me permission to access institutions under her authority.

I guarantee that participation in this study will be voluntary. Anonymity and confidentiality will be maintained throughout.

I will highly appreciate it, if my request will be favourably considered

Yours truly,


A.N. Mbatha

P.O. Box 4068

King William's Town

5600

Telephone: 043 – 7224372 (W)

Fax : 043 – 7224391 (W)

Cell : 0837491478

Date : 16 -01 – 2006

The Campus Head,
MR HARDY,
Lilitha Nursing College,
Umthatha Campus,
Umthatha

Dear Sir,

Regarding: A request to conduct interviews at your Institution

I am a Research Masters student at KwaZulu Natal University, School of Nursing. As part of fulfillment of my study requirements I have to conduct a research study. The title of the study I am conducting is **'Responsiveness of the nursing education programmes at the Lilitha College of Nursing to the needs of the Eastern Cape population.'** The whole idea of the study is to explore if the graduates that are educated and trained through these programmes do acquire skills that are appropriate to respond to the needs of the Eastern Cape communities. I have targeted six groups of participants and one of them are heads of Campuses of Lilitha College. When you have granted me that opportunity I will spend two days at your institution examining relevant records that I have spelt out in my proposal. I would also like to get into classrooms where teaching is taking place as well as going to the clinical area especially in the community for three days. According to my study plan I have scheduled to do data collection between January and March

2006.

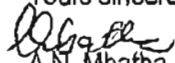
I would therefore highly appreciate it, if you could respond to my request as soon as possible since I have a wide range of participants I need to contact and interview.

I submitted my research proposal to the University's Ethics Committee for approval and it has been approved. I have also secured permission to conduct this study from Epidemiological Research & Surveillance Management of the Eastern Cape Department of Health. The principal of the College too, has granted me permission to access institutions under her authority.

I guarantee that participation in this study will be voluntary, anonymity and confidentiality will be maintained throughout.

I will highly appreciate it, if my request will be favourably considered.

Yours sincerely,


A.N. Mbatha (Mrs)

**ANNEXURE C: INFORMATION OFFERED TO THE
PARTICIPANTS FOR OBTAINING PARTICIPANTS'
CONSENT**

A CONSENT FORM:

I _____ (Name and surname) understand that I am being requested to participate in a research study which will be conducted at Lilitha main campuses, at some communities, hospitals and the clinics of the Eastern Cape regions. The research study intends to explore: "responsiveness of the Lilitha college nursing education programmes for (Basic Four Year Comprehensive Diploma Course) to the needs of the needs of the Eastern Cape population" in terms of equipping their graduates with skills that enable them to meet the needs of the people in health care delivery services.

If I agree to participate I will be interviewed for approximately 30 to 60 minutes. This may be done once or more, but I will be informed beforehand should there be more contact sessions needed. I am aware of the fact that I may be with other participants. The information I will give will be written down by the researcher. A tape recorder will be used as well.

I understand that, there are no known risks associated with this study, my participation is voluntary and if I join and at some stage wish to withdraw I can do so. My withdrawal will be accepted with some respect and my dignity will be maintained throughout.

I understand that my privacy, anonymity and confidentiality will be ensured throughout. However, I have been made to understand that the information from the study may be published in professional journals and be presented at conferences.

I understand that there will be neither compensation nor benefits that will be obtained for my participation in the study.

I have been assured that the findings from the study will be communicated to me via the key authorities in my area.

I have been informed that should I need to contact Mrs Mbatha, I can do so through her Work telephone number, Cell phone and an E- mail.

The study has been explicitly explained to me, my questions have been satisfactorily answered. I have read this consent form and understand everything. I agree to participate.

I also understand that I will be given a copy of this consent form.

Signature of subject

Date:

Signature of witness

Date:

Signature of investigator:

Date:

UNIVERSITY OF KWAZULU-NATAL

INFORMATION GIVEN TO THE PARTICIPANTS BY THE RESEARCHER TO OBTAIN CONSENT.

A.N. Mbatha is a Research Masters Student at the University of KwaZulu Natal.

As part of the process of my studies I am required to collect information from relevant informants.

I therefore kindly request you to please participate in my research study. I will conduct this study at the Lilitha College campuses, at some communities, hospitals and the clinics of the Eastern Cape regions. The research study intends to explore; "The responsiveness of the Lilitha College nursing

Education programmes (Basic comprehensive four year diploma) to the needs of the population of the Eastern Cape" in terms of enabling their graduates to acquire skills which equip them to meet the needs of the people in health care delivery services.

Should you agree to participate in the study, I will come to collect information from you (interview)

There will be other participants that will also be involved in the process of assisting me with the information I need. Each time I come to collect information; I will spend 30 to 60 minutes with you.

I may come to collect information once only or more than that. I will however, inform you beforehand if I need other contact time with you.

When I ask you questions I will write down what you share with me. I will use a tape recorder as well. The session for information sharing will take place in a private venue.

I will not write your names against the information you have given me. I may use numbers or codes to indicate that I have obtained the information from you and the other participants. However I do wish to explain that the information collected from you may be used in publications in journals of the nursing profession and presented at conferences. Even if that may be the case, the information will never be identified with you.

There are no known risks that are associated with this study. Your participation too, is voluntary.

Should you join and at some stage, for some reasons, you wish to withdraw you are free to do so.

Even if you withdraw that will be accepted with some respect and maintenance of your dignity will be considered.

There will be no compensation for participating in the study. The benefits that you may enjoy is that as soon as I am finished with my study I will share the information by sending you the information to the key figures you will identify in your community.

Should you have any questions you need to ask me or my supervisor in future, or some complaints you wish to share with me or my supervisor, you can contact me at the appropriate number (s) below

Researcher's contact details:

Mrs A.N. Mbatha 043 – 7224372 (W)

Cell – 0837491478

E-mail address Ambatha @ufh.ac.za

ANNEXURE D: INTERVIEW GUIDES

DOCUMENT REVIEW GUIDE

The following documents will be analyzed

1. Curriculum

- ❖ Mission statement
- ❖ Vision, philosophy – if reflect addressing community needs

2. Program outcomes

Graduate competences

Curriculum content – if reflects

- ❖ Integration of local & national priorities
- ❖ Addressing of health needs
- ❖ Learning / teaching approaches
- ❖ If CBE / PBL permeates through 4 years of study

3. Agreement with clinical setting

- ❖ Nature of clinic area if facilitates expected development of graduates
- ❖ If the role of different parties are clearly stated.
- ❖ Clinical outcomes, if they reflect how health needs of the society are addressed

4. Evaluation tools

- ❖ Check if they address program outcomes
- ❖ Students own records e.g. journals if they reflect support of learning
- ❖ Check examination papers & tests.

PRINCIPAL / COORDINATORS' INTERVIEW GUIDES

1. What do you understand by education that is responsive to the health needs of the community?
2. In your view what are the characteristics of a graduate that is responsive to the health needs of the community?
3. What are the distinguishing characteristics of a nursing programme that is responsive to the needs of the society?
4. In your view does your school's four-year comprehensive programme meet the characteristics of a programme that is responsive to the health needs of the society? Why do you say that?
5. What factors facilitate the responsiveness of your school's programme to the needs of the Eastern Cape communities?
6. How does the school ensure that the education programme facilitates the production of competencies required from a responsive graduate
7. From your experience or knowledge what are the barriers in ensuring that your school's nursing programme is able to produce responsive graduates.
8. What proportion of your school's budget is allocated to clinical teaching of students outside the hospital environment?
9. How is the nursing education programme marketed? Does marketing of programme provide accessibility to those in under resourced and underrepresented communities?
10. Does your admission policy make a provision for those applicants from remote and underdeveloped communities who have interest in nursing
11. Is there any academic support for these students if they are failing to cope with tertiary education?
12. Is there any financial support for students from under-resourced families and communities?

6. How do you enhance promotion of health and prevention of diseases by the consumers of your health services?
7. How do you ensure that your patients / clients benefit from all available resources in the community that might be for betterment of their health status?
8. How did you ensure maximum utilization of available resource to enhance total care of the patients / clients?
9. What sort of learning strategies were you exposed to during your learning?
10. How did you find them? Explain more. What sort of clinical areas were you exposed to during your learning?
11. What sort of support systems were in place to make you meet your academic needs?

ANNEXURE E: FIELD NOTES (TRANSCRIPTS)

DATA ANALYSIS SPREADSHEET

Domains	Larger categories	Smaller categories	Sub-categories
A. people	1.Lecturers	-Teaching	<ul style="list-style-type: none"> - teaching process - teaching methods - subject content - learning assessment
	2. Students	<ul style="list-style-type: none"> - Students' learning: - Group learning - Self directed learning - Experiential learning 	Competencies attained; <ul style="list-style-type: none"> - Leadership and management - Self-directedness - Independence - Advocacy - Research skills - Health education - Communication - Critical thinking - Critical reasoning - Problem solving - Negotiation - Teambuilding - Promotion of health - Prevention of diseases - Decision making
	3. Policy making	Management and administration:	Admission requirements to the program: selection criteria.
	3.Policy makers (continued)	Resources:- <ul style="list-style-type: none"> - Human - Resources - Transport - Curriculum - Policies - Student support 	
	4. Graduates	<ul style="list-style-type: none"> - Experiential learning in the clinical area 	
	5. Graduate supervisors (senior professional nurses)	- Rendering health care services	<ul style="list-style-type: none"> - PBL and CBE - Academic support - Psycho-social support - Financial - Acquisition of competencies as indicated above - Supervising - Guiding - Accompanying and - Mentoring learners
B. Place	1. Primary health care clinics 2.College campuses 3. management offices		

C. Behaviour / Activities	<ul style="list-style-type: none"> - Teaching - Learning process - rendering health care services 	<ul style="list-style-type: none"> - No more use of the lecture method - Use of CBE, PBL and OBE curriculum - Response to the national health care priorities. 	<ul style="list-style-type: none"> - Acquisition of competencies as indicated above. - Integration of national health care priorities
D. artifacts	<ul style="list-style-type: none"> - curriculum - Study guides - Clinical assessment tools - Tests - Assignments - Programmes for non-coping learners 	<ul style="list-style-type: none"> - CBE - PBL - OBE – curriculum 	<ul style="list-style-type: none"> - acquisition of the aforementioned competencies - Integration of national health care priorities.
	Intervening variables	Facilitative factors: <ul style="list-style-type: none"> - Student accompaniment - Student support: Academic support <ul style="list-style-type: none"> - Financial support - Psychosocial support 	<ul style="list-style-type: none"> - Acquisition of afore mentioned competencies.
		Inhibitory factors: <ul style="list-style-type: none"> - Staff shortage - High rate of absenteeism - Staff turnover - Lack of professionalism - Lack of caring ethos - large groups of students - Difficult nursing terminology - problem of expression in English Poor interpersonal relationships - Unavailability of transport. 	

Annexure: Themes, Categories, sub-categories derived from domains.